

Intra-Cellular Therapies, Inc.
 Form 3
 November 16, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Â Davis Robert E (Last) (First) (Middle)	2. Date of Event Requiring Statement (Month/Day/Year) 11/04/2015	3. Issuer Name and Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ITCI]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) SVP, Chief Scientific Officer	5. If Amendment, Date Original Filed(Month/Day/Year)
--	--	--	---	--

C/O INTRA-CELLULAR THERAPIES, INC., Â 430 EAST 29TH STREET
 (Street)

NEW YORK, Â NY Â 10016
 (City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	25,000	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	--	---	---	--

Edgar Filing: Intra-Cellular Therapies, Inc. - Form 3

	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option (right to buy)	Â (1)	06/10/2020	Common Stock	5,000	\$ 2.74	D	Â
Stock Option (right to buy)	Â (1)	12/21/2020	Common Stock	5,000	\$ 2.74	D	Â
Stock Option (right to buy)	Â (1)	04/30/2022	Common Stock	5,000	\$ 2.84	D	Â
Stock Option (right to buy)	Â (1)	06/20/2023	Common Stock	5,000	\$ 3.26	D	Â
Stock Option (right to buy)	Â (1)	06/29/2024	Common Stock	75,000	\$ 16.86	D	Â
Stock Option (right to buy)	Â (2)	01/01/2025	Common Stock	25,571	\$ 17.57	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Davis Robert E C/O INTRA-CELLULAR THERAPIES, INC. 430 EAST 29TH STREET NEW YORK, NY 10016	Â	Â	Â SVP, Chief Scientific Officer	Â

Signatures

/s/ Lawrence J. Hinline,
Attorney-in-fact
11/16/2015
**Signature of Reporting Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) All shares underlying this option have vested.
- (2) The option vests as to 100% of the shares on January 2, 2016.

Â

Remarks:

Exhibit 24.1 - Power of Attorney
The stock options reported on this Form 3 were previously granted to Dr. Davis for his services.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.
Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.