Edgar Filing: INTERCEPT PHARMACEUTICALS INC - Form 4

INTERCEPT Form 4 July 21, 2016	PHARMACE	UTICALS	INC									
FORM	Л									PPROVAL		
	UNITE	Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no longe subject to Section 16	er STATE								Expires: January 3 200 Estimated average burden hours per			
Form 4 orresponseForm 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section <i>See</i> Instruction30(h) of the Investment Company Act of 1940								0.5				
(Print or Type Ro	esponses)											
SANTINI GINO Symb INTE				ssuer Name and Ticker or Trading ool ERCEPT ARMACEUTICALS INC [ICPT]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
				of Earliest Transaction Day/Year) 2016				X_Director10% Owner Officer (give titleOther (specify below) below)				
(Street) 4. If Amendment, Filed(Month/Day/Y					Day/Year) Applicable Line) _X_ Form filed by O					int/Group Filing(Check Dne Reporting Person Iore than One Reporting		
NEW YORK	., NY 10011							Person		porting		
(City)	(State)	(Zip)	Table	I - Non-De	rivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Executio any	med on Date, if Day/Year)	3. Transactio Code (Instr. 8) Code V	4. Securi nAcquired Disposed (Instr. 3, Amount	l (A) o l of (D)	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	07/19/2016			A	1,204 (1)	A	\$ 0	2,504	D			

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

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) Exe any	3. Transaction Date 3A. Deemed 4. (Month/Day/Year) Execution Date, if any Code (Month/Day/Year) (Instr. 8)			5. Number owf Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. De Se (Ir
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Option to Purchase Common Stock	\$ 145.22	07/19/2016		А	1,598	<u>(1)</u>	07/19/2026	Common Stock	1,598		

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Reporting Owners

Reporting Owner Name / Address		Relationships					
L O	Director	10% Owner	Officer	Other			
SANTINI GINO C/O INTERCEPT PHARMACEUTICALS 450 W. 15TH STREET, SUITE 505 NEW YORK, NY 10011	s, INC.	X					
Signatures							
/s/ Bryan Yoon, as attorney-in-fact 07	//21/2016	5					

Date

**Signature of Reporting Person

Explanation of Responses:

* If the form is filed by more than one reporting person, *see* Instruction 4(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).

The 1,204 shares of restricted stock and the shares of 1,598 shares of common stock underlying the option will each fully vest on the one-year anniversary of the date of grant (the "Anniversary Date"), subject to the terms and conditions of the award and the Intercept

(1) Pharmaceuticals, Inc. 2012 Equity Incentive Plan (the "2012 Plan"); provided, however, if the date of the next subsequent annual meeting of stockholders (starting from the 2017 annual meeting) is held prior to the Anniversary Date in that year, the annual vesting for such year shall occur on the day immediately preceding the date of the annual meeting in such year.

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.