Edgar Filing: INTERCEPT PHARMACEUTICALS INC - Form 4

INTERCEP Form 4 May 26, 201	T PHARMACEU	JTICALS I	NC								
FORM 4 UNITED STATES SECU									OMB APPROVAL		
	UNITED	Washington, D.C. 20549							OMB Number:	3235-0287	
Check th if no lon subject t	iger STATE	MENT OF	OF CHANGES IN BENEFICIAL OWN					NERSHIP OF	Expires:	January 31, 2005	
Section Form 4	16.	SECURITIES Estimated average burden hours per response 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								0	
Form 5 obligation may con See Instr 1(b).	Filed pu ons Section 17									0.5	
(Print or Type	Responses)										
Bright Lisa Symbo			Symbol	1				5. Relationship of Reporting Person(s) to Issuer			
				RMACEUTICALS INC [ICPT]				(Check all applicable)			
		C., 450		of Earliest T Day/Year) 2016	ransactior	1		Director X Officer (give to below) Se		Owner r (specify	
	(Street)	2	4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
			onth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
								Person			
(City)	(State)	(Zip)	Tab	le I - Non-	Derivativ	e Secu	rities Acq	uired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired (A) Transaction Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			(D)) 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common				Code V	Amount	(D)	Price \$	(1154.5 414 4)			
Stock	05/25/2016			S <u>(1)</u>	251	D	\$ 137.497	18,855	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address	Relationships					
I G G G G G G G G G G G G G G G G G G G	Director	10% Owner	Officer	Other		
Bright Lisa C/O INTERCEPT PHARMACEUTICALS, INC. 450 W. 15TH STREET, SUITE 505 NEW YORK, NY 10011			See Remarks			
Signatures						
10/ Pryon Voon as						

/s/ Bryan Yoon, as attorney-in-fact

05/26/2016 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).
- Each employee of the Issuer who has received restricted stock awards has agreed to a mandatory sale of a sufficient number of shares of (1) common stock to cover his or her withholding tax amounts upon the vesting of such restricted stock awards. The sales denoted here were made pursuant to such agreement to cover withholding tax obligations of the employee.

Remarks:

Chief Commercial & Corporate Affairs Officer

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.