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Shapiro Dav Form 4											
October 03,	ЛЛ								OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE CO							OMMISSION	OMB Number:	3235-0287		
Check th if no lon subject t Section Form 4 of Form 5 obligation may con <i>See</i> Instr 1(b).	ger o 16. or Filed pur ons tinue.	Washington, D.C. 20549 STATEMENT OF CHANGES IN 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)										
]			2. Issuer Name and Ticker or Trading Symbol INTERCEPT PHARMACEUTICALS, INC. [ICPT]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
	. , .	C., 10		f Earliest Tr Day/Year) 018	ansaction			XOfficer (give below) Chief I	title Othe below) Medical Office		
NEW YOR	(Street) K, NY 10001			endment, Da nth/Day/Year	-	ıl		6. Individual or Joi Applicable Line) _X_ Form filed by O Form filed by M Person	one Reporting Pe	rson	
(City)	(State)	(Zip)	Tabl	e I - Non-E) erivative	Secu		ired, Disposed of,	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	1.Title of2. Transaction Date2A. DeemedSecurity(Month/Day/Year)Execution Date, if		ed Date, if	Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect	
Common Stock	01/01/2018			Code V F	Amount 1,020 (1)	(D) D	Price \$ 58.42	39,911 (2)	D		
Common Stock	04/01/2018			F	423 <u>(1)</u>	D	\$ 61.52	39,911 <u>(2)</u>	D		
Common Stock	07/01/2018			F	416 <u>(1)</u>	D	\$ 83.91	39,911 <u>(2)</u>	D		
Common Stock	10/01/2018			F	426 <u>(1)</u>	D	\$ 126.46	39,911 <u>(2)</u>	D		

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amoun	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Owne
	Security				Acquired						Follo
	-				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A		
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title Number			
				a 1 u					of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Shapiro David C/O INTERCEPT PHARMACEUTICALS, 1 10 HUDSON YARDS, FLOOR 37 NEW YORK, NY 10001	INC.		Chief Medical Officer					
Signatures								
/s/ Mark Pruzanski, as attorney-in-fact 10	0/03/2018							

<u>**</u>Signature of Reporting Person

Date

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).
- (1) Represents shares of common stock withheld to satisfy taxes associated with the vesting of restricted stock.
- (2) In each case, the amount of securities beneficially owned following the reported transactions is provided as of the date of this Form 4.

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.