**Bright Lisa** Form 4 November 27, 2018

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

subject to

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

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person \* **Bright Lisa** 

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to Issuer

Symbol INTERCEPT

PHARMACEUTICALS, INC.

(Check all applicable)

[ICPT]

(Last) (First) (Middle) 3. Date of Earliest Transaction

X\_ Officer (give title below)

Director

10% Owner Other (specify

(Month/Day/Year)

11/24/2018

President, International

C/O INTERCEPT PHARMACEUTICALS, INC., 10 **HUDSON YARDS, FLOOR 37** 

(Street)

4. If Amendment, Date Original

Applicable Line) \_X\_ Form filed by One Reporting Person

6. Individual or Joint/Group Filing(Check

6.

Filed(Month/Day/Year)

Form filed by More than One Reporting

NEW YORK, NY 10001

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if

(Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

Securities Beneficially Owned Following Reported

5. Amount of

Ownership Form: Direct Beneficial (D) or Indirect (I)

(Instr. 4)

Indirect Ownership (Instr. 4)

7. Nature of

(A) or Code V Amount (D)

Transaction(s)

(Instr. 3 and 4)

Common Stock

11/24/2018

Price 247 (1) D F 111.07

26,288

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.

SEC 1474 (9-02)

### Edgar Filing: Bright Lisa - Form 4

### 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 | TransactionNumber     |                        | Expiration D     | ate         | Amoun                 | t of     | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code                  | of                     | (Month/Day/      | Year)       | Underly               | ying     | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8) Derivative |                        | e                |             | Securit               | ies      | (Instr. 5)  | Bene   |
|             | Derivative  |                     |                    |                       | Securities<br>Acquired |                  |             | (Instr. 3             | 3 and 4) |             | Own    |
|             | Security    |                     |                    |                       |                        |                  |             |                       |          |             | Follo  |
|             | •           |                     |                    |                       | (A) or                 |                  |             |                       |          |             | Repo   |
|             |             |                     |                    |                       | Disposed               |                  |             |                       |          |             | Trans  |
|             |             |                     |                    |                       | of (D)                 |                  |             |                       |          |             | (Instr |
|             |             |                     |                    |                       | (Instr. 3,             |                  |             |                       |          |             |        |
|             |             |                     |                    |                       | 4, and 5)              |                  |             |                       |          |             |        |
|             |             |                     |                    |                       |                        |                  |             |                       | A manuat |             |        |
|             |             |                     |                    |                       |                        |                  |             |                       | Amount   |             |        |
|             |             |                     |                    |                       | Date                   | Date             | Expiration  | Or<br>Title Nesselves |          |             |        |
|             |             |                     |                    |                       |                        | Exercisable Date | Date        |                       | Number   |             |        |
|             |             |                     |                    | C + V                 | (A) (D)                |                  |             |                       | of       |             |        |
|             |             |                     |                    | Code V                | (A) (D)                |                  |             |                       | Shares   |             |        |

# **Reporting Owners**

Relationships Reporting Owner Name / Address Officer 10% Owner Other Director

**Bright Lisa** C/O INTERCEPT PHARMACEUTICALS, INC. 10 HUDSON YARDS, FLOOR 37 NEW YORK, NY 10001

President, International

# **Signatures**

/s/ Mark Pruzanski, as attorney-in-fact

11/27/2018

\*\*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.

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.

Reporting Owners 2