### Edgar Filing: INTERCEPT PHARMACEUTICALS INC - Form 4

#### INTERCEPT PHARMACEUTICALS INC

Form 4

November 27, 2015

FORM	l 4						001 D D 000		ITHOVAL	
. •	- • UNITED S	TATES SECUR				NGE (	COMMISSION	CIVID	3235-0287	
Check thi if no long subject to Section 1 Form 4 or Form 5 obligation may continued and the see Instruction.	STATEM  6. r Filed purs Section 17(a	was ENT OF CHANG  uant to Section 16 ) of the Public Ut 30(h) of the Inv	SECUR 6(a) of the ility Hold	BENEFI ITIES  Securiti ling Com	CIA	xchang Act c	ge Act of 1934, of 1935 or Sectio	Number: Expires: Estimated a burden hou response	ırs per	
(Print or Type F	Responses)									
1. Name and A Fundaro Pac	ddress of Reporting P blo	Symbol INTERO	2. Issuer Name <b>and</b> Ticker or Trading Symbol INTERCEPT PHARMACEUTICALS INC [ICPT]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
		(Month/Da 11/24/20 ., 450	3. Date of Earliest Transaction (Month/Day/Year) 11/24/2015				X Director 10% Owner Officer (give title below) Other (specify below)			
NEW YORI	ndment, Date Original th/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State) (	Zip) Table	I - Non-D	erivative S	Securi	ties A <i>c</i>	quired, Disposed o	f or Reneficia	lly Owned	
1.Title of Security (Instr. 3)	of 2. Transaction Date 2A. Deemed y (Month/Day/Year) Execution Date, if		3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5)  (A) or Code V Amount (D) Price				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/24/2015		A	650 (1)	A	\$ 0	8,871	D		
Reminder: Repo	ort on a separate line	for each class of secur	rities benefi	-			indirectly.	etion of S	SEC 1474	

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

number.

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(9-02)

**OMB APPROVAL** 

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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. Number proof 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)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Option to Purchase Common Stock	\$ 183.62	11/24/2015		A	1,750	<u>(1)</u>	11/24/2025	Common Stock	1,750

## **Reporting Owners**

Reporting Owner Name / Address

Director 10% Owner Officer Other

Fundaro Paolo C/O INTERCEPT PHARMACEUTICALS, INC. 450 W. 15TH STREET, SUITE 505 NEW YORK, NY 10011



## **Signatures**

/s/ Bryan Yoon, as attorney-in-fact 11/27/2015

\*\*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).

The 650 shares of restricted stock and the shares of 1,750 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 2016 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.

Reporting Owners 2