Edgar Filing: INTERCEPT PHARMACEUTICALS INC - Form 4

INTERCEP Form 4 July 07, 201	T PHARMACEU 6	JTICALS INC	2								
FORM	ЛЛ							OMB AP	PROVAL		
	UNITED	STATES SE	CURITIES A Washington			ANGE C	COMMISSION	OMB Number:	3235-0287		
Check th if no lon subject t	states states	MENT OF CI		NGES IN BENEFICIAL OWNI SECURITIES				Expires: January 3 200 Estimated average			
Section Form 4 of Form 5 obligatio may con <i>See</i> Instr 1(b).	or Filed put ons stinue.	(a) of the Publ	ection 16(a) of the Securities Exchange Act of 1934, ablic Utility Holding Company Act of 1935 or Section f the Investment Company Act of 1940					burden hour response	s per 0.5		
(Print or Type	Responses)										
Duncan Barbara Gayle S			2. Issuer Name and Ticker or Trading Symbol INTERCEPT PHARMACEUTICALS INC [ICPT]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
		(Mo 07/ C., 450	Date of Earliest T onth/Day/Year) /05/2016	ransaction	L		Director X Officer (give to below) Chief Ac		Owner r (specify eer		
				onth/Day/Year) A				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YOR	K, NY 10011						Form filed by Mo Person				
(City)	(State)	(Zip)	Table I - Non-	Derivativo	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 any (Month/Day/Ye	Code ear) (Instr. 8)	nor Dispos (Instr. 3, 4	(A) or	5)) 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 Stock	07/05/2016		Code V $S(\underline{1})$	146	(D) D	Price \$ 145.109	$30,808 \frac{(2)}{2}$	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)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		Amou Unde Secur	rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur 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				
	Director	10% Owner	Officer	Other
Duncan Barbara Gayle C/O INTERCEPT PHARMACEUTICALS, INC. 450 W. 15TH STREET, SUITE 505 NEW YORK, NY 10011			Chief Accounting Officer	
Signatures				

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

07/07/2016 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.

Includes a correction of 6 shares that were added to the Reporting Person's beneficial ownership of securities due to a clerical error in the(2) documentation provided by the Reporting Person's broker of a mandatory sale that occurred on April 4, 2016 of common stock to cover the withholding tax amounts upon the vesting of such restricted stock awards.

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.