Shapiro David Form 4 May 03, 2019

FORM 4

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

Check this box if no longer

if no longer subject to Section 16. Form 4 or Form 5

obligations

may continue.

See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Shapiro David

2. Issuer Name **and** Ticker or Trading

Symbol

INTERCEPT

PHARMACEUTICALS, INC.

[ICPT]

(Last) (First) (Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 05/01/2019

5. Relationship of Reporting Person(s) to

OMB

Number:

Expires:

response...

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

Issuer

(Check all applicable)

____ Director _____ 10% Owner ____ X__ Officer (give title _____ Other (specify

__X__ Officer (give title ____ Other (special below)

Chief Medical Officer

C/O INTERCEPT

PHARMACEUTICALS, INC., 10 HUDSON YARDS, FLOOR 37

(State)

(Street) 4. If Amendment, Date Original

(Zip)

Filed(Month/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

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

NEW YORK, NY 10001

(City)

		1401	Tubic 1 Troit Betty active Securities Required, Bisposed of, of Beneficiary 6 when								
1.Title of Security	2. Transaction Date (Month/Day/Year)	3. Transactio	4. Securities Acquired on(A) or Disposed of (D)			5. Amount of Securities	6. Ownership	7. Nature of Indirect			
(Instr. 3)	•	any	Code	(Instr. 3, 4 and 5)			Beneficially	Form: Direct	Beneficial		
		(Month/Day/Year)	(Instr. 8)				Owned	(D) or	Ownership		
							Following	Indirect (I)	(Instr. 4)		
					(A)		Reported Transaction(s)	(Instr. 4)			
					or	ъ.	(Instr. 3 and 4)				
			Code V	Amount	(D)	Price					
Common Stock	05/01/2019		M(1)	2,000	A	\$ 31.9	41,499	D			
Common Stock	05/01/2019		S <u>(1)</u>	2,000	D	\$ 86.28	39,499	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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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. Number omf 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	\$ 31.9	05/01/2019		M(1)		2,000	(2)	05/07/2023	Common Stock	2,000	

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

Shapiro David C/O INTERCEPT PHARMACEUTICALS, INC. 10 HUDSON YARDS, FLOOR 37 NEW YORK, NY 10001

Chief Medical Officer

Signatures

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

05/03/2019

**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) This transaction was effected pursuant to a pre-existing Rule 10b5-1 trading plan adopted by the reporting person.
- (2) This option is fully vested and exercisable.

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.

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