INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Expires:

response...

Estimated average burden hours per

2005

0.5

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)

1. Name and Address of Reporting Person <u>*</u> Pasquale Maria E				3. Issuer Name and Ticker or Trading Symbol INCYTE CORP [INCY]					
,	. ,	04/09/2018			5. If Amendment, Date Original Filed(Month/Day/Year)				
reet)			Director X Officer (give title below	w) (specify belo	Owner ow)	 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 			
ate)	(Zip)	Table I	- Non-Derivat	tive Securiti	es Beneficially Owned				
				3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nat Owne (Instr.	1			
		213		D	Â				
lirectly. Persons	s who resp	ond to the collection	of	EC 1473 (7-02)				
required current	d to respoi ly valid ON	nd unless the form di IB control number.	splays a	warrante ant	iona a	onvortible convities)			
	ia E rst) NE CUT eet) DEÂ ate) a separate irrectly. Persons informa requirec currentl	ia E rst) (Middle) NE CUT-OFF reet) DE 19803 ate) (Zip) a separate line for each lirectly. Persons who resp information conta required to respon currently valid OM	Statement ia E (Month/Day/Year) rst) (Middle) O4/09/2018 NE CUT-OFF eet) Â DEÂ 19803 ate) (Zip) Table I 2. Amour Beneficia (Instr. 4) 213 a separate line for each class of securities beneficiencily. Persons who respond to the collection information contained in this form are prequired to respond unless the form diacurrently valid OMB control number.	Statement Statement INCYTE C ia E (Month/Day/Year) INCYTE C rst) (Middle) 04/09/2018 4. Relationsh Person(s) to I NE CUT-OFF (Check	Statement INCYTE CORP [INCY ia E (Month/Day/Year) rst) (Middle) 04/09/2018 4. Relationship of Reporting Person(s) to Issuer NE CUT-OFF (Check all applicable) eet) Director10% d Â DEÂ 19803 Director00% d ate) (Zip) Table I - Non-Derivative Securities 2. Amount of Securities 3. Beneficially Owned (Instr. 4) Form: Direct (D) or Indirect (D) or Indirect (D) or Indirect (D) a separate line for each class of securities beneficially A separate line for each class of securities beneficially SEC 1473 (7-02 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.	Statement INCYTE CORP [INCY] ia E (Month/Day/Year) (Middle) 04/09/2018 A DEÂ 19803 4. Relationship of Reporting Person(s) to Issuer ÎNCYTE CORP [INCY] 4. Relationship of Reporting Person(s) to Issuer ÎNCYTE CORP [INCY] 4. Relationship of Reporting Person(s) to Issuer NE CUT-OFF (Check all applicable) eet)			

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security	Security: Direct (D) or Indirect	

Shares

(I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships						
		Director	10% Owner	Officer	Other			
Pasquale Maria E 1801 AUGUSTINE CUT-OFF WILMINGTON, DE 19803		Â	Â	EVP & General Counsel	Â			
Signatures								
/s/ Maria E. Pasquale	04/11/2	018						
**Signature of Reporting Person	Date							
E la matian of								

Explanation of Responses:

* If the form is filed by more than one reporting person, see Instruction 5(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).

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.