## Edgar Filing: Shapiro David - Form 4

Shapiro Dav Form 4	id										
February 20,	2019										
FORM	14		CECUI			CTT A	NGEG		OMB AP	PROVAL	
Washington, D.C. 20549								OMMISSION	OMB Number:	3235-0287	
Check th if no long	ter.								Expires:	January 31, 2005	
subject to Section 1 Form 4 o	S CHANGES IN BENEFICIAL OWNER SECURITIES						Estimated a burden hour response	verage			
Form 5 obligatio may cont <i>See</i> Instru 1(b).	ns Section 17(	a) of the l	Public U		ling Cor	npan	y Act of	e Act of 1934, 1935 or Section 0	1		
(Print or Type I	Responses)										
Shapiro David Sy				r Name <b>and</b>	Ticker or	Tradi		5. Relationship of Reporting Person(s) to Issuer			
	INTERCEPT PHARMACEUTICALS, INC. [ICPT]					(Check all applicable) Director 10% Owner					
				3. Date of Earliest Transaction (Month/Day/Year)				X Officer (give title Other (specify below) below) Chief Medical Officer			
	CEPT EUTICALS, ING YARDS, FLOOR		02/15/2	-				Chief	Medical Office	r	
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
NEW YOR	K, NY 10001							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative	Secur	ities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactio Code (Instr. 8)		spose 4 and (A)	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
9				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	02/15/2019			M <u>(1)</u>	2,000	А	\$ 31.9	42,543	D		
Common Stock	02/15/2019			S <u>(1)</u>	2,000	D	\$ 111.51	40,543	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

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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 tionof Derivative Securities (A) or Disposed of (D) (Instr. 3, 4, and 5)		vative Expiration Date ies (Month/Day/Year) ed ed of		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. D Se (II
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Option to Purchase Common Stock	\$ 31.9	02/15/2019		M <u>(1)</u>		2,000	(2)	05/07/2023	Common Stock	2,000	

# **Reporting Owners**

Reporting Owner Name / Address		Relationships						
	Director	10% Owner	Officer	Other				
Shapiro David C/O INTERCEPT PHARMACEUTICALS, IN 10 HUDSON YARDS, FLOOR 37 NEW YORK, NY 10001	۱C.		Chief Medical Officer					
Signatures								
/s/ Mark Pruzanski, as attorney-in-fact 02/	20/2019							

\*\*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.