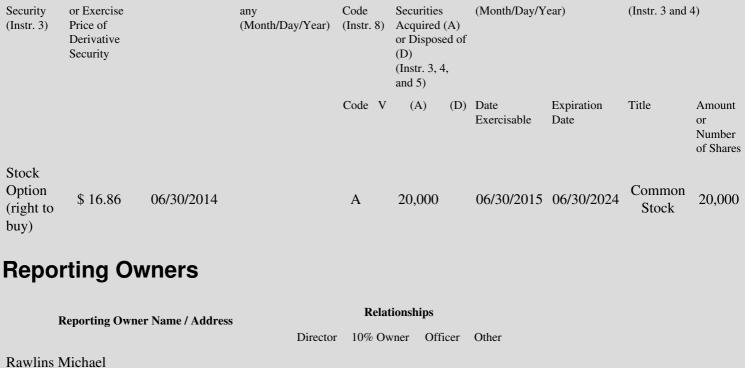
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	llar Therapies, Inc.							
Form 4 July 02, 20)14							
FOR	МЛ					OMB AI	PPROVAL	
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549						OMB Number:	3235-0287	
if no lo	nger	AENT OF CH	ANCES IN D	PENEFICIAL OV	WNEDSHID OF	Expires:	January 31, 2005	
subject Sectior Form 4	n 16.	IENI OF CH	NT OF CHANGES IN BENEFICIAL OV SECURITIES			Estimated a burden hou response	rs per	
Form 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 See Instruction 1(b). Section 17(a) of the Investment Company Act of 1940								
(Print or Type	e Responses)							
1. Name and Address of Reporting Person <u>*</u> Rawlins Michael			2. Issuer Name and Ticker or Trading Symbol Intra-Cellular Therapies, Inc. [ITCI]		5. Relationship of Reporting Person(s) to Issuer			
(I+)	(Einst)				(Check	k all applicable	2)	
(Last)	(First) (te of Earliest Tra th/Day/Year)	nsaction	X Director	10%	Owner	
C/O INTRA-CELLULAR 06/30/2014 THERAPIES, INC., 3960 BROADWAY						title Otho below)	er (specify	
	(Street)	4. If <i>1</i>	Amendment, Date	e Original	6. Individual or Jo	int/Group Filir	ng(Check	
			Filed(Month/Day/Year)		Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
NEW YO	RK, NY 10032				Person			
(City)(State)(Zip)Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		if TransactionA	A Securities Acquired (A) or Disposed of (D)	Securities Fo	1	7. Nature of Indirect Beneficial	
		(Month/Day/Yea		Instr. 3, 4 and 5)	Owned (I)	Ownership (Instr. 4)	
			Code V A	(A) or Amount (D) Price	Transaction(s) (Instr. 3 and 4)			
Domindar: D	aport on a constation	a for each aloss of	socurities honofic	ielly owned directly o	r indiractly			
Reminder: R	eport on a separate line	e for each class of	securities benefic		pond to the collect	i on of S	EC 1474	
information contained in this form are not (9-02) 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		saction Date 3A. 2 /Day/Year) Exec		4. 5. Number TransactiorDerivative	of 6. Date Exercisa Expiration Date	ble and	7. Title and Amount of Underlying Securities	

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Rawlins Michael C/O INTRA-CELLULAR THERAPIES, INC. 3960 BROADWAY NEW YORK, NY 10032

Signatures

/s/ Lawrence J. Hineline,			
Attorney-in-fact	07/02/2014		
**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).

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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.