Edgar Filing: Intra-Cellular Therapies, Inc. - Form 4

Intra-Cellula Form 4 May 20, 201	r Therapies, Inc.										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB AI	PPROVAL	
	Washington, D.C. 20549									3235-0287	
Check th if no long	or								Expires:	January 31, 2005	
subject to Section 1 Form 4 c	5 STATEN 16.	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES							Estimated a burden hou response	average urs per	
Form 5 obligations may continue. See Instruction 1(b). 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)											
Wennogle Lawrence P. Symbo				2. Issuer Name and Ticker or Trading ymbol htra-Cellular Therapies, Inc. [ITCI]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (1	Middle)	3. Date of Earliest Transaction				1	(Check all applicable)			
				th/Day/Year)				Director10% Owner XOfficer (give titleOther (specify below) Vice President, Drug Discovery			
(Street) 4. If Amer				endment, Date Original nth/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 			
NEW YOR	K, NY 10016							Person		porung	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurit	ties Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)		nsaction Date 2A. Deemed th/Day/Year) Execution Date, if any (Month/Day/Year)			4. Securition(A) or Dis (Instr. 3, 4	sposed	of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)		
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	05/19/2015			М	12,500	А	\$ 0.6	116,500	D		
Common Stock	05/19/2015			М	12,500	А	\$ 1.36	129,000	D		
Common Stock	05/19/2015			М	12,500	А	\$ 1.5	141,500	D		
Common Stock	05/19/2015			М	10,000	А	\$ 1.5	151,500	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. 5. Number of TransactiorDerivative Code Securities (Instr. 8) 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
Stock Option (right to buy)	\$ 0.6	05/19/2015		М		12,500	<u>(1)</u>	12/14/2015	Common Stock	12,500
Stock Option (right to buy)	\$ 1.36	05/19/2015		М		12,500	<u>(1)</u>	12/05/2016	Common Stock	12,500
Stock Option (right to buy)	\$ 1.5	05/19/2015		М		12,500	<u>(1)</u>	12/12/2017	Common Stock	12,500
Stock Option (right to buy)	\$ 1.5	05/19/2015		М		10,000	<u>(1)</u>	12/18/2018	Common Stock	10,000

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	rector 10% Owner Officer		Other				
Wennogle Lawrence P. C/O INTRA-CELLULAR THERAPIES, INC. 430 EAST 29TH STREET NEW YORK, NY 10016			Vice President, Drug Discovery					

8 E S ()

Signatures

/s/ Lawrence J. Hineline, Attorney-in-fact

05/20/2015

**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) All shares underyling this option have vested.

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.