Edgar Filing: INTERCEPT PHARMACEUTICALS INC - Form 4

INTERCEPT PHARMACEUTICALS INC Form 4 September 28, 2016

September 2	28, 2016									
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB APPROVAL		
								OMB Number:	3235-0287	
Check the check	oer							Expires:	January 31, 2005	
subject Section Form 4	to SIAIE N 16.	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES						Estimated average burden hours per response		
Form 5 obligation may cor <i>See</i> Inst 1(b).	ons Section 17(a) of the Pub	tion 16(a) of the lic Utility Ho the Investmen	lding Co	mpai	ny Act of	1935 or Section			
(Print or Type	Responses)									
Shapiro David Syn			2. Issuer Name and Ticker or Trading ymbol NTERCEPT				5. Relationship of Reporting Person(s) to Issuer			
			HARMACEU	TICALS	INC	[ICPT]	(Check all applicable)			
(Month/			Date of Earliest 7 Ionth/Day/Year)	Fransaction	n		Director 10% Owner X Officer (give title Other (specify below) below)			
	CEUTICALS, IN TREET, SUITE :	C., 450	9/26/2016				CMO and E	EVP - Develop	ment	
(Street) 4. If Ar			If Amendment, D	Date Origin	nal		6. Individual or Joint/Group Filing(Check			
NEW YOR	led(Month/Day/Yea	ar)			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
							Person			
(City)	(State)	(Zip)	Table I - Non-	Derivativ	e Secu	irities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ansaction Date 2A. Deemed hth/Day/Year) Execution Date, if any (Month/Day/Year)		4. Securi nor Dispo (Instr. 3,	sed of 4 and		Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price \$	Transaction(s) (Instr. 3 and 4)	(Instr. 4)		
Common Stock	09/26/2016		S <u>(1)</u>	2,659	D	(2) (2)	45,732	D		
Common Stock	09/26/2016		S <u>(1)</u>	886	D	\$ 166.03	44,846	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

Edgar Filing: INTERCEPT PHARMACEUTICALS INC - Form 4

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)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Under Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
Repo	rting C	wners	Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Shapiro David C/O INTERCEPT PHARMACEUTICALS, INC. 450 W. 15TH STREET, SUITE 505 NEW YORK, NY 10011			CMO and EVP - Development				
Signatures							
/s/ Bryan Yoon, as 09/28/201	6						

attorney-in-fact

**Signature of Reporting Person

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) The reported transaction was made pursuant to a Rule 10b5-1 plan adopted by the reporting person.

Date

This transaction was executed in multiple trades at prices ranging from \$164.5201 to \$165.00. The price reported above reflects the (2) weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

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.