

Intra-Cellular Therapies, Inc.

Form 3

September 09, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 *

Â Sosland Morton I.

(Last) (First) (Middle)

4800 MAIN STREET,Â SUITE 100

(Street)

KANSAS CITY,Â MOÂ 64112

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)

08/29/2013

3. Issuer Name and Ticker or Trading Symbol
Intra-Cellular Therapies, Inc. [N/A]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

____ Director ____X____ 10% Owner
____ Officer ____ Other
(give title below) (specify below)

6. Individual or Joint/Group Filing(Check Applicable Line)
X Form filed by One Reporting Person
____ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned1. Title of Security
(Instr. 4)2. Amount of Securities Beneficially Owned
(Instr. 4)3. Ownership Form:
Direct (D)
or Indirect (I)
(Instr. 5)4. Nature of Indirect Beneficial Ownership
(Instr. 5)

Common Stock

707,287

I

David N. Sosland Trust A ⁽¹⁾

Common Stock

1,948,554

I

Sosland Family Trust B Partnership ⁽²⁾

Common Stock

732,548

I

The Sosland Foundation ⁽³⁾

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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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 Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Sosland Morton I. 4800 MAIN STREET SUITE 100 KANSAS CITY, MO 64112	^	^ X	^	^

Signatures

/s/ Morton I.
Sosland

09/09/2013

**Signature of
Reporting Person

Date

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).

The reporting person is the Trustee of the David N. Sosland Trust A and the reporting person disclaims beneficial ownership of these securities except to the extent of his one-third pecuniary interest therein, and the inclusion of these shares in this report shall not be an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or any other purpose.

The reporting person is the Managing Partner of the Sosland Family Trust B Partnership and the reporting person disclaims beneficial ownership of these securities except to the extent of his one-third pecuniary interest therein, and the inclusion of these shares in this report shall not be an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or any other purpose.

The reporting person is the Vice Chairman of The Sosland Foundation, a charitable foundation, and the reporting person disclaims beneficial ownership of all of these securities, and the inclusion of these shares in this report shall not be an admission of beneficial ownership of all of the reported shares for purposes of Section 16 or any other purpose.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

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