Edgar Filing: INTERCEPT PHARMACEUTICALS INC - Form 4

INTERCEPT PHAR Form 4 April 03, 2014	MACEUTICALS	INC					
FORM 4							PPROVAL
U	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549				COMMISSION	OMB Number:	3235-0287
Check this box if no longer subject to Section 16. Form 4 or	STATEMENT OF	T OF CHANGES IN BENEFICIAL OWNERSHIP O SECURITIES				Expires: January 31 2005 Estimated average burden hours per	
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 5 obligations may continue. See Instruction 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 1(b).						0.5	
(Print or Type Responses))						
1. Name and Address of Adorini Luciano	Reporting Person <u>*</u>	2. Issuer Name and Symbol INTERCEPT PHARMACEUTI		-	5. Relationship of Issuer (Cheo	f Reporting Per ck all applicable	
(Last) (First C/O INTERCEPT PHARMACEUTICA W. 15TH STREET,	ALS, INC., 450	3. Date of Earliest Tra (Month/Day/Year) 04/01/2014	ansaction		Director X Officer (give below) Chief		
(Stree NEW YORK, NY 10	4. If Amendment, Dat Filed(Month/Day/Year)	endment, Date Original onth/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 		
					Person		
(City) (State	e) (Zip)	Table I - Non-D	erivative Secu	irities Ac	quired, Disposed o	f, or Beneficial	lly Owned
	any			.) or (D) nd 5) A)	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)
C		Code V		or D) Price	(Instr. 3 and 4)		
Common 04/01/ stock	2014	М	649 <u>(2)</u> A	(1)	7,041	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. Transactic Code (Instr. 8)	5. Number on of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exer Expiration D (Month/Day/	ate	7. Title and A Underlying S (Instr. 3 and -	Securities	8. Price Derivat Securit (Instr. 5
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	<u>(1)</u>	04/01/2014		М	649	(2)	(2)	Common stock	649	\$ C

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Reporting Owners

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Adorini Luciano C/O INTERCEPT PHARMACEUTICALS, INC. 450 W. 15TH STREET, SUITE 505 NEW YORK, NY 10011			Chief Scientific Officer		

Signatures

/s/ Bryan Yoon, as	04/03/2014
attorney-in-fact	04/03/2014

<u>**</u>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) Conversion of restricted stock units ("RSUs") to shares of common stock on a one-for-one basis.

Date

On November 16, 2012, the reporting person was granted 10,384 RSUs. The RSUs reported as having been disposed and the corresponding shares reported as having been acquired, representing 6.25% of the shares underlying the RSUs, became vested on April 1,

(2) 2014, subject to the terms and conditions of the award and the Intercept Pharmaceuticals, Inc. 2012 Equity Incentive Plan (the "2012 Plan"). The remainder of the shares underlying the RSUs will vest pro rata on a quarterly basis from July 1, 2014 through January 1, 2016, subject to the terms and conditions of the award and the 2012 Plan.

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.