Edgar Filing: INTERCEPT PHARMACEUTICALS INC - Form 4

INTERCEPT Form 4 April 17, 2013		EUTICALS	INC									
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISS									OMB APPROVAL			
	UNITE	Washington, D.C. 20549							OMB Number:	3235-0287		
Check this if no longe subject to Section 16 Form 4 or	r STATI	EMENT O		ES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: January 31 2005 Estimated average burden hours per response 0.5			
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 Re	esponses)											
AKKARAJU SRINIVAS Symbol INTER				r Name and Ticker or Trading CEPT MACEUTICALS INC [ICPT]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)(First)(Middle)3. Date of (Month/Date)C/O INTERCEPT04/16/20PHARMACEUTICALS, INC., 1804/16/20DESBROSSES STREET4								X_Director10% Owner Officer (give titleOther (specify below) below)				
	(Street) 4. If Amendment, Date Or Filed(Month/Day/Year)				r) Applicable Line) _X_ Form filed by C			oint/Group Filing(Check				
NEW YORK	, NY 10013							Form filed by M Person	More than One Re	eporting		
(City)	(State)	(Zip)	Table	I - Non-De	erivative S	ecuri	ties Aco	quired, Disposed o	f. or Beneficial	llv Owned		
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any		3.	4. Securit onAcquired Disposed (Instr. 3,	ties (A) o of (D	r)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	-		
Common stock	04/16/2013			М	324 <u>(2)</u>	А	<u>(1)</u>	649	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 Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		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>	04/16/2013		М	324 (2)	(2)	(2)	Common stock	324	\$ C

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Reporting Owners

Reporting Owner Name / Address	Relationships					
r				Officer	Other	
AKKARAJU SRINIVAS C/O INTERCEPT PHARMACEUTICALS 18 DESBROSSES STREET NEW YORK, NY 10013	s, INC.	X				
Signatures						
/s/ Bryan Yoon, as 04 attorney-in-fact	/17/2013	3				

Date

<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.

On November 18, 2012, the reporting person was granted 2,596 RSUs. The RSUs reported as having been disposed and the corresponding shares reported as having been acquired, representing 12.5% of the shares originally underlying the RSUs, became vested

(2) on April 16, 2013, subject to the terms and conditions of the award and the Intercept Pharmaceuticals, Inc. 2012 Equity Incentive Plan (the "2012 Plan"). 12.5% of the shares originally underlying the RSUs will vest every three months through October 16, 2014, 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.