### Edgar Filing: INTERCEPT PHARMACEUTICALS INC - Form 4

INTERCEP Form 4 July 07, 201	T PHARMACEU 6	JTICALS IN	٩C								
FORM						OMB AP	PROVAL				
	UNITED	Washington, D.C. 20549						OMB Number:	3235-0287		
Check the if no lon subject the Section	states states	MENT OF (		IGES IN BENEFICIAL OWNER SECURITIES				Expires: January 2 Estimated average burden hours per			
Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	or Filed put ons section 176	(a) of the Pu	Section 16(a) of the Securities Exchange Act of 1934, Public Utility Holding Company Act of 1935 or Sectio of the Investment Company Act of 1940					response 0.5			
(Print or Type	Responses)										
Bright Lisa Sym INT			ymbol NTERCEPT					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
		(N 0 C., 450	. Date of Earliest T Month/Day/Year) )7/05/2016	ransaction	I	- 1	Director _X Officer (give t pelow) Sec		Owner · (specify		
			. If Amendment, D ïled(Month/Day/Yea	onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YOR	K, NY 10011					Ī	Form filed by Mo Person	ore than One Rep	oorting		
(City)	(State)	(Zip)	Table I - Non-	Derivative	e Securiti	es Acqu	ired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Da any (Month/Day/	ate, if Transactio Code	4. Securit for Dispos (Instr. 3, 4	ed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	07/05/2016		Code V $S(\underline{1})$	Amount 155	(D) D \$ 14	Price 5.1092	18 706 (2)	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. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Bright Lisa C/O INTERCEPT PHARMACEUTICALS, INC. 450 W. 15TH STREET, SUITE 505 NEW YORK, NY 10011			See Remarks			
Signatures						

/s/ Bryan Yoon, as 07/07/2016 attorney-in-fact

\*\*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).
- Each employee of the Issuer who has received restricted stock awards has agreed to a mandatory sale of a sufficient number of shares of (1) common stock to cover his or her withholding tax amounts upon the vesting of such restricted stock awards. The sales denoted here were made pursuant to such agreement to cover withholding tax obligations of the employee.

Includes a correction of 6 shares that were added to the Reporting Person's beneficial ownership of securities due to a clerical error in the (2) documentation provided by the Reporting Person's broker of a mandatory sale that occurred on April 4, 2016 of common stock to cover the withholding tax amounts upon the vesting of such restricted stock awards.

### **Remarks:**

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#### Chief Commercial & Corporate Affairs Officer

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.