FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
haura nar raananaa	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Durso (Last) C/O INT	Jerome (F ERCEPT I	of Reporting Person Benedict irst) (PHARMACEUTE DS, FLOOR 37	INT INC 3. Dat 01/10	2. Issuer Name and Ticker or Trading Symbol INTERCEPT PHARMACEUTICALS, INC. [ICPT] 3. Date of Earliest Transaction (Month/Day/Year) 01/16/2019 4. If Amendment, Date of Original Filed (Month/Day/Year)									X Officer (give title Other below) below Chief Operating Officer 6. Individual or Joint/Group Filing (Check				wner specify		
(Street) NEW YO			10001 (Zip)												X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tah	le I - N	on-Deriv	vative 9	Sec	urities	. Δα	auired [)ier	nsed (of or B	enef	icial	v Owne	d			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						2A. Exe	A. Deemed Execution Date, f any Month/Day/Year)		3. Transact Code (In	ion	4. Secu	ecurities Acquired bosed Of (D) (Instr.				unt of ies cially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	Amoun	t (A) or)	Price	Report Transa			u. 4)	(30. 4)				
Common Stock 01/16/2						.019			A		9,400 ⁽¹⁾ A		A	\$ <mark>0</mark>	34,365			D	
	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)	if any	med on Date, Day/Year)	Code (Ir		5. Num of Derivat Securit Acquir (A) or Dispos of (D) (Instr. 3 and 5)	ive ies ed	6. Date Exercisable an Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisable		piration ite	Title	or	ount nber res					
Option to Purchase Common Stock	\$110.8	01/16/2019			A		15,200		(2)	01	/16/2029	Commor Stock	15,	200	\$0	15,200		D	

Explanation of Responses:

- 1. Represents restricted stock units granted to the Reporting Person. Each restricted stock unit represents a contingent right to receive one share of the Issuer's Common Stock. The award shall be subject to a four-year vesting period, with the shares subject to the award vesting in four equal annual installments following the Vesting Commencement Date. The Vesting Commencement Date is January 1, 2019.
- 2. The award shall be subject to a four-year vesting period, with 25% of the shares subject to the award vesting and becoming exercisable in an initial annual installment following the Vesting Commencement Date and 1/48th of the shares subject to the award vesting and becoming exercisable each month thereafter. The Vesting Commencement Date is January 1, 2019.

/s/ John C. Duncanson, as attorney-in-fact

01/18/2019

** Signature of Reporting Person

Date

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

- * 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).

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

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 Number.