Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF C |
|--|----------------|
| Section 16. Form 4 or Form 5           |                |
| obligations may continue. See          |                |

## CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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

| Name and Address of Reporting Person*     SWAIN PAULA J   |   |  |   |           |   | 2. Issuer Name and Ticker or Trading Symbol  INCYTE CORP [ INCY ] |          |              |   |  |                    |                   |  | Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director   |  |   |  |                                       |  |
|---|---|--|---|-----------|---|---|----------|--------------|---|--|--------------------|-------------------|--|---|--|---|--|---------------------------------------|--|
| (Last) (First) (Middle) 1801 AUGUSTINE CUT-OFF            |   |  |   |           | 3. Date of Earliest Transaction (Month/Day/Year) 07/05/2017 |   |          |              |   |  |                    |                   | X Officer (give title below) Other (specify below)  EVP, Human Resources |   |  |   |  |                                       |  |
| (Street) WILMIN (City)                                    | WILMINGTON DE 19803   |  |   |           | 4.1   | 4. If Amendment, Date of Original Filed (Month/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 |  |   |  |                                       |  |
|   |   | Tab  | le I - Nor  | n-Deriv   | /ative  | e Se  | curities | s Ac         | quired,   | Dis  | oosed o            | of, or Be         | neficial   | ly Owned  |  |   |  |                                       |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/L  |   |  |   | Day/Year) |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)       |          | Code (Instr. |   | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |                    |                   | Benefici<br>Owned F  | es<br>ally<br>Following   | Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |   | '. Nature<br>of Indirect<br>Beneficial<br>Ownership                      |                                       |  |
|   |   |  |   |           |   |   |          |              | Code  | v  | Amount             | Amount (A) or (D) |  | Reported Transaction(s) (Instr. 3 and 4)  |  |   |  | Instr. 4)                             |  |
| Common Stock 07/05  |   |  |   | 5/201     | /2017   |   | A        |              | 3,517   | 7 <sup>(1)</sup> A \$                                      |                    | 0 35,0            | 067(2)   |   | D  |   |  |                                       |  |
|   |   | -  | Table II -  |           |   |   |          |              | uired, D<br>s, option                                 |  |                    |                   |  | Owned   |  |   |  |                                       |  |
| Derivative<br>Security<br>(Instr. 3)                      | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date,     | 4.<br>Transaction<br>Code (Instr.<br>8)                     |   |          |              | 6. Date Exercisa<br>Expiration Date<br>(Month/Day/Yea |  | of Securities      |                   | ies<br>g<br>Security   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | у | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |   |           | Code  | v   | (A)      | (D)          | Date<br>Exercisab                                     |  | expiration<br>Date | Title             | Amount<br>or<br>Number<br>of<br>Shares                                   |   |  |   |  |                                       |  |
| Non-<br>Qualified<br>Stock<br>Option<br>(right to<br>buy) | \$128.34  | 07/05/2017                                 |   |           | A   |   | 11,349   |              | (3)   | 0  | 7/04/2027          | Common<br>Stock   | 11,349   | \$0.00  | 11,349   |   | D  |                                       |  |
| Incentive<br>Stock<br>Option<br>(right to                 | \$128.34  | 07/05/2017                                 |   |           | A   |   | 779      |              | (3)   | 0  | 7/04/2027          | Common<br>Stock   | 779  | \$0.00  | 779  |   | D  |                                       |  |

## **Explanation of Responses:**

- 1. Represents award of restricted stock units ("RSUs") that will vest 25% annually over four years, subject to Ms. Swain's continued service with the Issuer through the applicable vesting dates. The RSUs may be settled only for shares of common stock on a one-for-one basis.
- 2. Includes an aggregate of 11,187 shares of common stock issuable pursuant to previously reported restricted stock units that have not vested.
- 3. Beginning July 5, 2017, options become exercisable in 37 installments, with the first 25% vesting after one year and the remainder vesting monthly over three years.

## Remarks:

07/07/2017

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.