FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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## 3235-0287 OMB Number: STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Estimated average burden hours per response: 0.5

OMB APPROVAL

Filed pursuant to Section 16(a) of the Securities Exchange Act of 193
or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Trower Paul</u>					2. Issuer Name and Ticker or Trading Symbol  INCYTE CORP [ INCY ]										k all appli Directo	or		10% Ov	vner	
(Last) 1801 AU	,	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/02/2020									Officer (give title below)  Principal Acc		Other (spelow)  counting Officer		. ,	
(Street) WILMINGTON DE 19803 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line) X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3)			2. Transa Date	2. Transaction Date (Month/Day/Year)		ZA. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4		d (A) oi	5. Amou Securiti Benefic Owned		int of es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	e	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 07/0					/2020	020		A		3,532(	1) A	\$0	0.00	25	5,266		D			
Common Stock 07/02					/2020	.020		F		564 <sup>(2)</sup>	D	\$10	6.47	24	24,702		D			
Common Stock 07/06				07/06/	/2020	2020		F		104(2)	D	D \$107.79		24,598 <sup>(3)</sup>			D			
		1	able II	Deriva (e.g., p	tive S	Secu calls	rities , warr	Acq ants	uired, I s, optio	Disp ns,	osed of converti	, or Ben ble secu	eficia urities	ılly C s)	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date, Transa Code (			of E		6. Date Exercisa Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		D S (Ii	Price of erivative ecurity nstr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (D)		Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er						
Employee Stock Option	\$106.47	07/02/2019			A		2,534		(4)		07/01/2030	Common Stock	2,53	4	\$0.00	2,534	.	D		

## **Explanation of Responses:**

- 1. Represents award of restricted stock units ("RSUs") that will vest 25% annually over four years, subject to Paul Trower'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. Represents shares withheld automatically by the Issuer to satisfy tax withholding obligations due at settlement of restricted stock units previously reported in Table I as common stock.
- 3. Including the July 2, 2020 Restricted Stock Unit Grant, this includes an aggregate of 12,628 shares of common stock issuable pursuant to previously reported restricted stock units that have not vested.
- 4. Beginning July 2, 2020, options become exercisable in 37 installments, with the first 25% vesting after one year and the remainder vesting monthly over three years.

## Remarks:

(right to buy)

/s/ Paul Trower

07/07/2020

\*\* 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.