FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF C

| CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | |
|--|--------------------------|----------|--|--|
| | Estimated average burden | | | |
| Section 16(a) of the Securities Exchange Act of 1934 | hours per response: | 0.9 | | |
| | | | | |

OMB APPROVAL

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

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

| 1. Name and Address of Reporting Person* <u>Huber Reid M</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol INCYTE CORP [INCY] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--|------------|--|-----------------------------------|--|------------------------------|---|--|-----------------------------------|--|--|--|--|--|---------------------------------------|--|--|
| (Last) 1801 AU | ast) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/23/2018 | | | | | | X Officer (give title Other (specify below) EVP, Chief Scientific Officer | | | | |
| , | LMINGTON DE 19803 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (| | (Zip) Die I - Non-De | rivativ | re Se | curitie | s Ac | quired, D | isposed (| of, or Be | neficial | ly Owned | 1 | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | ransactio | 2A. Deemed Execution Date, | | 3. Transacti Code (Ins | 4. Secui | rities Acquire ed Of (D) (Ins | ed (A) or | 5. Amou Securitie Beneficie Owned F | nt of 6. es Fo | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | Code V | | | Amount | (A) or (D) | Price | Reported Transact (Instr. 3 | tion(s) | | | | | | | |
| | | | Table II - Der (e.g | | | | | uired, Dis s, options, | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | Conversion Date Execution Exercise (Month/Day/Year) if any | | 3A. Deemed Execution Date, if any (Month/Day/Year | 4. Transaction Code (Instr. | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Employee Stock Option (right to buy) | \$94.63 | 01/23/2018 | | A | | 12,128 | | (1) | 01/22/2028 | Common Stock | 12,128 | \$0.00 | 12,128 | D | | | |
| Employee Stock Option (right to | \$95.34 | 01/24/2018 | | A | | 21,167 | | (2) | 01/23/2028 | Common Stock | 21,167 | \$0.00 | 21,167 | D | | | |

Explanation of Responses:

- 1. Beginning January 23, 2018, options become exercisable in 37 installments, with the first 25.00% vesting on July 5, 2018 and the remainder vesting monthly over three years.
- $2. \ Beginning \ January \ 24, \ 2018, \ options \ become \ exercisable \ in \ full \ on \ January \ 24, \ 2022.$

Remarks:

/s/ Reid Huber 01/25/2018

** 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.