FORM 4

Check this box if no longer subje

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

| Washington, | D.C. 20549 |
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| ct | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|----|----------------------------------------------|
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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*     Clancy Paul J                                                                                      |                                                                        |       |                                         |          |                                                                                                                   | 2. Issuer Name and Ticker or Trading Symbol INCYTE CORP [ INCY ] |                                                                |                                            |                     |                                                                                                    |                    |                 |                                            |                                                                                                                            | lationship<br>k all app<br>Direc               | ,                                                                        | ng Per                                                             | rson(s) to Is<br>10% Ov |          |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------|-----------------------------------------|----------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------|--------------------|-----------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------|----------|
| (Last)                                                                                                                                       | (Fir                                                                   | ,     | Middle)                                 |          |                                                                                                                   | 3. Date of Earliest Transaction (Month/Day/Year) 09/29/2023      |                                                                |                                            |                     |                                                                                                    |                    |                 |                                            |                                                                                                                            | Office<br>belov                                | er (give title<br>v)                                                     |                                                                    | Other (s<br>below)      | specify  |
| 1801 AUGUSTINE CUT-OFF                                                                                                                       |                                                                        |       |                                         |          | 4. If A                                                                                                           | 4. If Amendment, Date of Original Filed (Month/Day/Year)         |                                                                |                                            |                     |                                                                                                    |                    |                 |                                            | 6. Individual or Joint/Group Filing (Check Applicable Line)                                                                |                                                |                                                                          |                                                                    |                         |          |
| (Street)                                                                                                                                     | (Street)                                                               |       |                                         |          |                                                                                                                   |                                                                  |                                                                |                                            |                     |                                                                                                    |                    |                 |                                            |                                                                                                                            | X Form filed by One Reporting Person           |                                                                          |                                                                    |                         |          |
| WILMINGTON DE 19803                                                                                                                          |                                                                        |       |                                         |          |                                                                                                                   |                                                                  |                                                                |                                            |                     |                                                                                                    |                    |                 |                                            |                                                                                                                            | Form filed by More than One Reporting Person   |                                                                          |                                                                    |                         |          |
| (City) (State) (Zip)                                                                                                                         |                                                                        |       |                                         |          | Rul                                                                                                               | Rule 10b5-1(c) Transaction Indication                            |                                                                |                                            |                     |                                                                                                    |                    |                 |                                            |                                                                                                                            |                                                |                                                                          |                                                                    |                         |          |
| Check this box to indicate that a transaction satisfy the affirmative defense conditions                                                     |                                                                        |       |                                         |          |                                                                                                                   |                                                                  |                                                                |                                            |                     |                                                                                                    |                    |                 |                                            |                                                                                                                            | uction or writt                                | en pla                                                                   | n that is inter                                                    | nded to                 |          |
|                                                                                                                                              |                                                                        | Table | I - Noi                                 | n-Deriva | ative S                                                                                                           | Secu                                                             | rities                                                         | Acq                                        | uired,              | , Dis                                                                                              | posed of           | , or E          | Benef                                      | iciall                                                                                                                     | y Own                                          | ed                                                                       |                                                                    |                         |          |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day                                                                                 |                                                                        |       |                                         |          | Exec<br>if any                                                                                                    | Deemed<br>ution Date,<br>/<br>ith/Day/Year)                      |                                                                | 3. 4. Securitie Disposed C Code (Instr. 8) |                     | es Acquired (A)<br>Of (D) (Instr. 3, 4                                                             |                    | or<br>4 and     |                                            | ties<br>cially<br>I Following                                                                                              | Form<br>(D) o                                  | n: Direct<br>or Indirect<br>onstr. 4)                                    | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |                         |          |
|                                                                                                                                              |                                                                        |       |                                         |          |                                                                                                                   |                                                                  |                                                                |                                            | Code                | v                                                                                                  | Amount             | (A)<br>(D)      | (A) or (D)                                 |                                                                                                                            | Reported<br>Transaction(s)<br>(Instr. 3 and 4) |                                                                          |                                                                    |                         | (msu. 4) |
| Common Stock <sup>(1)</sup> 09/29/2                                                                                                          |                                                                        |       |                                         |          | 2023                                                                                                              |                                                                  |                                                                |                                            | A                   |                                                                                                    | 379                | A               | \$                                         | 57.77                                                                                                                      | 14                                             | 4,970(2)                                                                 |                                                                    | D                       |          |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                                                                        |       |                                         |          |                                                                                                                   |                                                                  |                                                                |                                            |                     |                                                                                                    |                    |                 |                                            |                                                                                                                            |                                                |                                                                          |                                                                    |                         |          |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                                                                          | ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any |       | 4.<br>Transaction<br>Code (Instr.<br>8) |          | 5. Number<br>of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |                                                                  | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                                            |                     | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr<br>3 and 4) |                    | De<br>Se<br>(In | Price of<br>crivative<br>curity<br>str. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |                                                | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                         |          |
|                                                                                                                                              |                                                                        |       |                                         |          | Code                                                                                                              | v                                                                | (A)                                                            | (D)                                        | Date<br>Exercisable |                                                                                                    | Expiration<br>Date | Title           | Amou<br>or<br>Numb<br>of<br>Share          | er                                                                                                                         |                                                |                                                                          |                                                                    |                         |          |

## **Explanation of Responses:**

- 1. Restricted shares issued to the Reporting Person under the Issuer's Amended and Restated 2010 Stock Incentive Plan in lieu of quarterly director retainer fees pursuant to an election by the Reporting Person intended to comply with Rule 10b5-1. Restricted shares are fully vested.
- 2. Includes an aggregate of 2,505 shares of common stock issuable pursuant to previously reported restricted stock units that have not vested.

## Remarks:

/s/ Elizabeth Feeney, Attorney-InFact

10/03/2023

\*\* 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.