FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVA							
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3235-0287 OMB Number: Estimated average burden hours per response: 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

1. Name and Address of Reporting Person* SWAIN PAULA J						2. Issuer Name and Ticker or Trading Symbol INCYTE CORP [INCY]									all applic	tor er (give title		son(s) to Iss 10% Ov Other (s	vner		
(Last) 1801 AU	`	First)		3. Date of Earliest Transaction (Month/Day/Year) 11/15/2016									EVP, Human Resources								
(Street) WILMIN	LMINGTON DE 19803					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(:	State)	(Zip)													1 (1301)					
		Tak	le I -	Non-Deri	vativ	e Sec	urit	ies A	cqui	red, D	isposed o	of, or B	enefici	ally (Owned	!					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Year)	Execut		ate,	3. Transa Code (8)	action	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Follow Reported		ies ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	11/15/20)16				M		7,683	A	\$14.	72 3		5,931		D						
Common Stock 11/15				11/15/20)16				M		2,317	A	\$14.	.72 39		9,248		D			
Common Stock 11/15/2			11/15/20)16	16					10,000(1)	D	\$103.2	.26 ⁽²⁾⁽³⁾ 29		,248(4)		D				
		•	Гable								sposed of				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)	5. Number		ivative urities uired or oosed O) tr. 3, 4	Expi	ate Exer ration D ath/Day/		7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		Der Ser (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Fo ly Dii or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amour or Number of Shares	er							
Non- Qualified Stock Option (right to	\$14.72	11/15/2016			М			7,683		(5)	01/24/2018	Commo Stock	ⁿ 7,683	3 .	\$0.00	0		D			

Explanation of Responses:

\$14.72

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person.
- $2. \ Represents \ weighted \ average \ sale \ price. \ Actual \ sale \ prices \ ranged \ from \ \$101.77-\$104.60.$

11/15/2016

3. Reporting person undertakes to provide upon request by Securities and Exchange Commission, the issuer or a security holder of the issuer detailed information regarding the price and number of shares sold within range indicated.

(5)

2,317

4. Includes an aggregate of 11,187 shares of common stock issuable pursuant to previously reported restricted stock units that have not vested.

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5. Beginning January 25, 2011, options become exercisable in 25 installments, with the first 33.33% vesting after one year and the remainder vesting monthly over two years.

Remarks:

buy) Non-Qualified Stock

Option

(right to

/s/ Paula Swain 11/17/2016

** Signature of Reporting Person

2,317

\$0.00

Common

Stock

01/24/2018

Date

0

D

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.