FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 0.5 hours per response:

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* | | | | 2. Issuer Name and Ticker or Trading Symbol INCYTE CORP [INCY] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|---|--|---------------|--|--|-----------|--|--------------------------|---|---|---|--|--|---------------------------------------|---------------|--|
| FRIEDMAN PAUL A | | | | - | | 1200 | | [11.01] | | | X | Director | r | 10% (| Owner | |
| (Last) | (F | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | Officer (give title below) | | below | (specify) | |
| EXPERIMENTAL STATION | | | | | 1/13/2 | 2006 | | | | | | Chief Executive Officer | | | | |
| ROUTE 141 & HENRY CLAY ROAD | | | | | | | | | | | | | | | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | Line) | | led by One | Deporting Dere | on | |
| WILMI | NGTON D | Έ | 19880 | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (5 | State) | (Zip) | - | | | | | | | | Person | | and one rep | Stung | |
| | | Ta | ble I - Non-D | erivati | ve Se | ecurities | s Ac | auired. D | isposed | of. or Be | neficially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transa | | | | | | | | ed (A) or | | | 6. Ownership | 7. Nature of | | | | |
| Date | | | | Day/Year) Execution Date, if any (Month/Day/Year) | | | Code (Ins | | Disposed Of (D) (Instr. 3, 4 | | Beneficia Owned F | ally (D) (following (I) (I | Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial Ownership | | |
| | | | Code V | | | Amoun | (A) o | r Price | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | | |
| | | | Table II - De | | | | | uired, Dis s, options | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 2. 3. Transaction Date Execution Date, if any (Month/Day/Year) Price of Derivative | | 4. Trans | 5. Number of Derivative Securities | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s (Instr. 4) | on(s) | | |
| Incentive Stock Option (right to buy) | \$5.46 | 01/13/2006 | | A | | 14,247 | | (1) | 01/13/2016 | Common Stock | 14,247 | \$0 | 14,247 | 7 D | | |
| Non- Qualified Stock Option (right to | \$5.46 | 01/13/2006 | | A | | 185,753 | | (1) | 01/13/2016 | Common Stock | 185,753 | \$0 | 185,75 | 3 D | | |

Explanation of Responses:

1. Option begins vesting on the grant date in 37 installments, with the first vesting after one year and the remaining vesting monthly over three years. Vesting may be accelerated and exercise term may be extended upon occurence of certain events.

/s/ Paul A. Friedman

01/17/2006

** 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.