FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|--|--|
| 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 |

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

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] | | | | | | | | | | tionship of Reporting F all applicable) Director Officer (give title | | | 10% Ov | ner | |
|--|--|------------|--|---------|---|---|--------|--------|--------------------------------------|----------------------------------|------------------------------------|---|---|--------------------------------|---------|---|---|--------|--|--|--|
| (Last) 1801 AU | • | First) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/16/2016 | | | | | | | | | | below) | | cienti | Other (specif below) ientific Officer | | |
| (Street) WILMIN (City) | NGTON I | State) | 19803 (Zip) | | - | 4. If Amendment, Date of C | | | | | of Original Filed (Month/Day/Year) | | | | | | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | n-Deriv | /ative | Se | curiti | ies Ad | qı | uired, | Dis | posed o | of, or Be | nefi | cially | Owned | l | | | | |
| Date | | | 2. Trans Date (Month/I | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | , Transaction Dis Code (Instr. 5) | | | ecurities Acquired (A) posed Of (D) (Instr. 3, 4 | | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | j | Code | v | Amount | (A) or (D) | | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 02/16 | | | | | 6/2016 | 2016 | | | M | | 5,377 | 7 A | \$ | 18.32 | 71 | ,046 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 8) | | | | Ex | Date Exe piration onth/Day | Date | | le and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | S (I | Derivative security lastr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | ode V | | (D) | Da Ex | ate ercisabl | | xpiration ate | Title | Amo or Num of Shar | ber | | | | | | |
| Incentive Stock Option (right to | \$18.32 | 02/16/2016 | | | М | | | 5,377 | | (1) | 0: | 2/08/2020 | Common Stock | 5,3 | 77 | \$0.00 | 0 | | D | | |

Explanation of Responses:

1. Beginning February 9, 2013, options become exercisable in 25 installments, with the first 33.33% vesting after one year and the remainder vesting monthly over two years.

Remarks:

02/18/2016

** 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.