FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | VAL | | | | |
|---|-------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
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| | Check this box if no longer subject to | | | | | | | | |
|--------|--|--|--|--|--|--|--|--|--|
| \neg | 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* DIXON WENDY L | | | | | | 2. Issuer Name and Ticker or Trading Symbol INCYTE CORP [INCY] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|--|--|--|---------|------------------------------|--|-----|-----|--|-----|--------------------|---|-------------|-------------------|---|---|--|---|--|--|
| | | | | | | | | | | | | | | | X D | rector | | 10% O | wner | |
| (Last) (First) (Middle) 1801 AUGUSTINE CUT-OFF | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2016 | | | | | | | | | | fficer (give title elow) | Other below) | | specify | |
| | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | inchange of original rinea (Mortalizady real) | | | | | | | | | Line) | | | | | |
| ` , | GTON I |)E | 19803 | | | | | | | | | | | | X F | orm filed by On | m filed by One Reporting Person | | | |
| 13003 | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) | | | | | nd Se Be Ow | Amount of curities neficially ned Following ported | Form (D) or | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | () () | A) or D) | Price | Tra | nsaction(s) str. 3 and 4) | | | (111341.4) | |
| Common Stock ⁽¹⁾ 06/30/. | | | | | | 2016 | | A | | 203 | | A | \$79 | .98 | 8,378 | | D | | | |
| | | 1 | able II - | | | | | | | | sed of, onvertib | | | | y Own | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution D if any (Month/Day/ | n Date, | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | 8. Price Derivativ Security (Instr. 5) | | Owner Form: Direct or Indi (I) (Insi | wnership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or | nber | | | | | | |

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.

Remarks:

/s/ David W. Gryska, Attorney-In-Fact 07/05/2016

** 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.