FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 1. Name and Address of Reporting Person* <u>Dhanak Dashyant</u> | | | 2. Issuer Name and Ticker or Trading Symbol INCYTE CORP [INCY] | | | | | | | | eck all appl Direct | ationship of Reporting c all applicable) Director Officer (give title below) EVP & Chief S | | 10% Ov | vner | | | |
|--|---|-----|--|---------------|--------------------------------|--|---|---------------------------------------|---------|------------|------------------------|---|---------|---|---|---|--|--|
| (Last) (First) (Middle) 1801 AUGUSTINE CUT-OFF | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/06/2020 | | | | | | | | helow) | | | Other (s below) tific Office | | | | |
| (Street) WILMIN (City) | IGTON I | | 19803 (Zip) | | 4. If An | nendmen | t, Date (| of Origina | l Filed | l (Month/D | Day/Y | Year) | Lin | X Form | filed by One filed by Moi | e Repo | g (Check Ap orting Perso n One Repo | n |
| | | Tab | le I - No | n-Deriv | ative S | ecuriti | es Ac | quired | Dis | posed | of, | or Ben | eficia | lly Owne | d | | | |
| Date | | | 2. Transa Date (Month/D | Execution Dat | | on Date, | Code (Instr. | | | | | | Benefic | ies cially Following | Form (D) o | Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transac (Instr. 3 | tion(s) | | | ,111341. 47 |
| Common | Stock | | | 08/06/ | /2020 | | | М | | 961 | | A | \$65.4 | 12 28 | ,971 | | D | |
| Common | Stock | | | 08/06/ | /2020 | | | S | | 961 | | D | \$97.8 | (1) 28, | 010(2) | | 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 Executior if any (Month/Da | Date, | 4. Transactio Code (Insi | on of tr. Deriv Secu Acqu (A) o Disp of (D | vative urities uired or osed o) r. 3, 4 | 6. Date Ex Expiration (Month/Da | n Date | | An Sec Un De | Title and mount of ecurities nderlying erivative Senstr. 3 and | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Date Exercisable

(3)

Expiration Date

12/10/2028

Title

Stock

Explanation of Responses:

\$65.42

- 1. This transaction was effected pursuant to a Rule 10b5-1 trading plan adopted by reporting person.
- 2. This includes an aggregate of 22,052 shares of common stock issuable pursuant to previously reported restricted stock units and earned performance shares that have not vested.

(A) (D)

961

3. Beginning December 10, 2018, options become exercisable in 37 installments, with the first 25% vesting after one year and the remainder vesting monthly over three years.

Remarks:

Non-Qualified Stock Option

(right to buy)

/s/ Dashyant Dhanak 08/10/2020

** Signature of Reporting Person Date

or Number

961

\$0.00

34,603

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).

08/06/2020

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.