

## **Information Sheet**

Please list your purchase and sale transaction(s) in Intercept Pharmaceuticals, Inc. (NASDAQ: ICPT) between September 28, 2019 and October 7, 2020, inclusive (the "Class Period") in the chart below. Please return completed form in the enclosed pre-paid envelope, by fax to 610-667-7056, or by scan/photo to info@ktmc.com. You may also submit your information online at www.ktmc.com/newcases.

Last Name (Required Information)

First Name (Required Information)

Address  Telephone Number  Current Employer			City, State, Zip  Email (Required Information)  Signature										
							PURCHASES			\$	SALES		
							Buy Date	# Shares	Price per Share		Sell Date	# Shares	Price per Share
		od transactions and ece of paper if neces		nsactions in relate	ed securities (	options, bonds, or							
Are you a current or former employee of <b>Intercept Pharmaceuticals, Inc.</b> ? <b>Yes / No (Circle)</b>				Did you purchase shares of <b>Intercept Pharmaceuticals, Inc.</b> prior to the Class Period?  Yes / No (Circle)									
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