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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name		2. Address <input type="checkbox"/> Check <i>William M. Cloherty 3211 Tennyson Street, N.W. Washington, D.C. 20015-2429</i> previously reported	
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Co	<i>William M. Cloherty 3211 Tennyson Street, N.W. Washington, D.C. 20015-2429</i>	WILLIAM M. CLOHERTY Consultant Tel: 202-363-1861 Fax: 202-363-1639	5. Senate ID # 9534-63
7. Client Name <input type="checkbox"/> Self	INCYTE PHARMACEUTICALS INC.		6. House ID # 31916-006

TYPE OF REPORT 8. Year 1999 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report
 10. Check if this is a Termination Report => Termination Date _____ 11. No Lobbying Activity

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> => \$ 60,000 <small>Income (nearest \$20,000)</small></p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> => \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6035(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature *W.M. Cloherty*
 Printed Name and Title **WILLIAM M. CLOHERTY Consultant**
 3211 Tennyson Street, N.W. Washington, D.C. 20015-2429
 Tel: 202-363-1861 Fax: 202-363-1639
 PAGE 1 of 3

Registrant Name **William M. Cloherty**
3211 Tennyson Street, N. W.
Washington, D. C. 20015-2429

Client Name **INCYTE PHARMACEUTICALS INC**

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code **MED** (one per page)

16. Specific lobbying issues

**PARTNER PROJECTS
WITH UNIVERSITIES IN THE
FIELD OF GENOMICS**

17. House(s) of Congress and Federal agencies contacted Check if None

**U.S. HOUSE
U.S. SENATE**

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
William M. Cloherty 3211 Tennyson Street, N. W. Washington, D. C. 20015-2429		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature **William M. Cloherty** Date **2-14-2000**

Printed Name and Title
William M. Cloherty
3211 Tennyson Street, N. W.
Washington, D. C. 20015-2429

WILLIAM M. CLOHERTY
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