Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

| | | | | or Sec | tion 30(h) of the Inv | estmer/ | t Com | pany Act of 19 | 940 | | | | | | |
|---|------------|----------------|---------------------------------|---|-----------------------|-----------------------------|-------|--|-----|------------------------|---|---|---|--|--|
| Name and Address of Reporting Person* DAVIS STEPHEN | | | | 2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC ACAD | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
| (Last) (First) (Middle) C/O ACADIA PHARMACEUTICALS INC. 12830 EL CAMINO REAL, SUITE 400 | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2022 | | | | | | | Officer (give title below) | Other below) | (specify) | | |
| (Street) SAN DIEGO (City) | CA (State) | 92130 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indiv Line) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | Transaction Code (Instr. | | 4. Securities / Disposed Of (5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Code V | | Amount (A) or (D) | | Price | Transaction(s) (Instr. 3 and 4) | | (111501.4) | | |
| Common Stock 02/23 | | | | | | M | | 10,945 | A | \$0.00 | 69,661 | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (II 3, 4 and | ve es ed ed ed | 6. Date Exerc Expiration Da (Month/Day/Y | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Units | (2) | 02/23/2022 | | М | | 10,945 | | (3) | (3) | Common Stock | 10,945 | \$0.00 | 32,837 | D | |

S⁽¹⁾

3,928

D

\$23.8

Explanation of Responses:

Common Stock

- 1. The sales reported in this Form 4 were made to cover the tax obligation that occurred upon the vesting of restricted stock units.
- 2. Each restricted stock unit represents a contingent right to receive one share of the Issuer's common stock.
- $3. \ The \ restricted \ stock \ units \ vest \ in \ four \ equal \ annual \ installments \ beginning \ February \ 23 \ 2022.$

Remarks:

/s/ Austin D. Kim, Attorney-in-Fact

** Signature of Reporting Person

02/25/2022

Date

65,733

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

02/23/2022

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.