FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average bu	rden								

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

hours per response: 0.5

Name and Address of Reporting Person*     Brege Laura					A	2. Issuer Name <b>and</b> Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [									Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
					_ A	ACAD ]										Officer (give title		Other (	·	
(Last) (First) (Middle) 11085 TORREYANA ROAD #100						3. Date of Earliest Transaction (Month/Day/Year) 09/10/2013									below)			below)	specify	
(Street)	4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)									
SAN DII	SAN DIEGO CA 92121															Form filed by One Reporting Person				
(City)	(S	itate)	(Zip)		-										Form filed by More than One Reporting Person					
		Tab	ole I - N	Non-Deri	vativ	e Sec	curit	ties A	cquire	ed, D	isposed o	f, or B	enefic	ially	Owned					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Exec if any			3. Transaction Code (Instr. 8)		4. Securities Disposed Of		Beneficially Owned Follo		es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price				Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock			09/10/2	2013	)13					46,153	Α	\$1	.3	46	46,153		D			
Common Stock 09/			09/10/2	2013	13		S <sup>(1)</sup>		46,153	D	\$22.7	22.7969(2)		0		D				
		-	Table I								posed of, , converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ar) if any	emed ion Date, /Day/Year)	4. Transa Code ( 8)				6. Date Exerc Expiration D (Month/Day/		ate	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C S F Ily C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amo or Num of Shar	ber						
Stock option	\$1.3	09/10/2013			M			46,153		(3)	06/10/2020	Commo	on 46.1	.53	\$0	0		D		

## **Explanation of Responses:**

buv)

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person in 2013.
- 2. The price reported in Column 4 is a weighted-average price. These shares were sold in multiple transactions at prices ranging from \$22.40 to \$23.15 per share, inclusive. The reporting person undertakes to provide ACADIA Pharmaceuticals Inc., any security holder of ACADIA Pharmaceuticals Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the foregoing range.
- 3. 25% of the shares subject to the Stock Option vested and became exercisable at the end of each 3-month period following the date of grant of June 11, 2010.

/s/ Glenn F. Baity, Attorney-in-

**Fact** 

09/12/2013

\*\* 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.