FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					or Section 3	U(n) of the Ir	nvestment Company Act of 1940					
1. Name and Address of Reporting Person*  Lundstrom Brian				2. Date of Event Requiring Statement (Month/Day/Year) 11/24/2004			3. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [ ACAD ]					
(Last) 3911 SORRENTO V	ast) (First) (Middle)					Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director     X Officer (give title below)		10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)		
										6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) SAN DIEGO						Sr. VP, Business Develo		, ,		X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
					2. Amount o (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)				2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Deri (Instr. 4)		vative Security	4. Conversion	e Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
				Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Security			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Lundstrom

\*\* Signature of Reporting Person

Date

11/29/2004

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 5 (b)(v).

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\* 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.

POWER OF ATTORNEY

Know all by these presents, that the undersigned hereby authorizes Uli Hacksell, Thomas H. Aasen, Glenn F. Baity or Kirk V. Crawford to execute for and on behal stitutes of such attorney-in-fact, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The undersign

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4 and 5 with respect to the undersigned

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed this 24th of November, 2004.

/s/ Brian Lundstrom

Brian Lundstrom

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