FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

/ashington, D.C. 20549

OMB APP	ROVAL				
OMB Number:	3235-028				

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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

1. Name and Address of Reporting Person*  Ndu Adora					2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [ ACAD ]								(Ch	relationship eck all appli X Directo	cable) or	g Perso	10% Ow	vner	
(Last) (First) (Middle) C/O ACADIA PHARMACEUTICALS INC.				3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023								below)	(give title		Other (specification)	pecity			
12830 EL CAMINO REAL, SUITE 400				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) SAN DIEGO CA 92130														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				Rule 10b5-1(c) Transaction Indication															
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	e I - Nor	-Deriva	ative	Sec	urities	Ac	quired, D	ispose	ed c	of, or Be	neficial	ly Owned	t				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,			Transaction Disposed Of (D Code (Instr. 5)			ties Acquired (A) or I Of (D) (Instr. 3, 4 a		Benefici Owned F	es ally Following	6. Own Form: I (D) or I (I) (Inst	Direct of ndirect Etr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	/ Am	ount	(A) oi (D)	Price		ansaction(s) astr. 3 and 4)			(Instr. 4)				
	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)	tle of 2. 3. Transaction Date Execution Date, urity or Exercise (Month/Day/Year) if any			ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y G G O (I	.0. Ownership Form: Ornect (D) or Indirect I) (Instr. 4)	Beneficial Ownership et (Instr. 4)			
				C	Code	v	(A)	(D)	Date Exercisable	Expirat Date	tion	Title	Amount or Number of Shares						
Director Stock Options (Right to Buy)	\$23.9	06/01/2023			A		11,045		(1)	06/01/2	2033	Common Stock	11,045	\$0.00	11,045		D		
Restricted Stock Units	(2)	06/01/2023			A		6,652		(3)	(3)		Common Stock	6,652	\$0.00	6,652		D		

## **Explanation of Responses:**

- 1. The shares subject to the option shall vest quarterly over one year following the date of grant, with the final tranche vesting upon the earlier of one year following the date of grant or the next annual
- 2. Each restricted stock unit represents a contingent right to receive one share of Acadia common stock.
- 3. The restricted stock units shall vest in full upon the earlier of one year following the date of grant or the next annual meeting date.

## Remarks:

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

06/05/2023

**Fact** 

\*\* 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.