FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

				or S	ection 30(h) of the	Investn	nent C	ompany Act o	of 1940					
1. Name and Address of Reporting Person* Teehan Brendan (Last) (First) (Middle) C/O ACADIA PHARMACEUTICALS INC. 12830 EL CAMINO REAL, SUITE 400				2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC ACAD								ationship of Reporting Person(s) to Issuer (x all applicable) Director 10% Owner Officer (give title Other (specify below) below)		
				3. Date of Earliest Transaction (Month/Day/Year) 04/29/2022							EVP, COO, Head of Commercial			
				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)												
		Table I - N	on-Derivat	ive	Securities Ac	quire	d, Di	sposed of	, or Be	enefi	icially	Owned		
Date			2. Transaction Date (Month/Day/Yo	Execution Date, Transaction Disposed Of (D) (Instr. 3, 4					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	9	Transaction(s) (Instr. 3 and 4)		(111341.4)
Common Stock			04/29/202	22		M		1,567	Α		(1)	3,989	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)		of Exp		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 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	(1)	04/29/2022		М			1,567	(4)	(4)	Common Stock	1,567	\$0.00	1,567	D	

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552

D

Explanation of Responses:

Common Stock

- 1. Each restricted stock unit represents a contingent right to receive one share of Acadia common stock
- 2. The sales reported in this Form 4 were made to cover the tax obligation that occurred upon the vesting of restricted stock units.

05/02/2022

- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$18.18 to \$18.4025, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, 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 range set forth above.
- 4. 50% of the shares subject to the restricted stock units vest on each of April 29, 2022 and April 29, 2023.

Remarks:

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

\$18.182(3)

3,437

D

05/03/2022

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.