FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/19	
wasiiiigtoii,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL									
I	OMB Number:	3235-0287								
Estimated average burden										
ı	hours per response.	0.5								

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

Name and Address of Reporting Person* <u>van Osch Martien</u>					<u> A</u>	2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [ACAD]								heck all appli	icable) or	10% O		6 Owner	
(Last) (First) (Middle)													below	r (give tit	ile		er (specify ow)		
GUSTAV MAHLERLAAN 10						3. Date of Earliest Transaction (Month/Day/Year) 06/02/2004													
PO BOX	283 (HQ 40	J39) 			$ \begin{bmatrix} 0 \end{bmatrix}$	6/02/	2004												
(Street) 1000 EA AMSTERDAM,						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
NETHER	CLANDS				_									Form	filed by N	More tha	an One R	eporting Person	
(City)	(S	tate)	(Zip)																
		Ta	able I - N	lon-De	rivati	ive S	ecu	rities A	cquire	d, D	isposed	of, or Be	neficial	ly Owned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					ion 2A. Deemed Execution Date, if any			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Following		Form: Direct Inc (D) or Indirect Be (I) (Instr. 4) Ov		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Transaction	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)				
Common Stock 06/0			06/02	2/2004	004		С		662,393	1 A	(1)	662,9	31	1 I		See Footnotes ⁽²⁾⁽³⁾			
Common Stock 0		06/02	2/2004	004		P		140,000) A	\$7	802,391				See Footnotes ⁽²⁾⁽³⁾				
			Table I								sposed o			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	tion Date, Transaction Code (Instr. Securitie Acquirer or Dispo		Derivative Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)		d 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefic Owned Followin Reporte Transac	ve Ownersl es Form: ially Direct (D or Indire ng (I) (Instr.		Beneficial Ownership ect (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		(Instr. 4				
Series D Convertible Preferred Stock	(4)	06/02/2004			С			375,000	(5)		(6)	Common Stock	375,000	(6)	0)	I	See Footnotes ⁽²⁾⁽³⁾	
Series E Convertible Preferred Stock	(4)	06/02/2004			С			46,650	(5)		(6)	Common Stock	46,650	(6)	0)	I	See Footnotes ⁽²⁾⁽³⁾	
Series F Convertible Preferred	(4)	06/02/2004			С			240,741	(5)		(6)	Common Stock	240,741	(6)	0)	I	See Footnotes ⁽²⁾⁽³⁾	

Explanation of Responses:

- 1. N/A Securities were issued upon conversion of convertible preferred stock.
- 2. By ABN AMRO Ventures B.V.
- 3. The reporting person disclaims beneficial ownership of these securities, except to the extent of his pecuniary interest in such securities, if any, and this report shall not be deemed an admission that the reporting person is the beneficial owner of securities for purposes of Section 16 or any other purpose.
- 4. 1-for-1.
- 5. Immed.
- 6. N/A

Remarks:

Martien van Osch

06/02/2004

** 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.