FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549	

	STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	STATEMENT	\triangle E	CHANCES	INI	DENIEFICIAL	OWNEDCHID
	SIAIEMENI	OF	CHANGES	IN	BENEFICIAL	OWNERSHIP

OMB APP	ROVAL							
OMB Number: 3235-0								
Estimated average burden								
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

1. Name and Address of Reporting Person* Williamson Douglas J				<u> </u>	2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [ACAD]									able)	g Perso	10% Ow Other (s	vner
(Last) (First) (Middle) C/O ACADIA PHARMACEUTICALS INC. 12830 EL CAMINO REAL, SUITE 400					3. Date of Earliest Transaction (Month/Day/Year) 02/10/2023								below)	tive VP,	Resea	below) arch & De	v
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)				4	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Ta	ble I - Non-	Derivati	ve Se	curities	s Ac	guired, D	ispose	ed o	f, or Be	neficially	Owned				
1. Title of S	Security (Inst	r. 3)	[. Transacti ate Month/Day	- 1	2A. Deeme Execution if any (Month/Da	Date	Code (Ins	on Disp		ties Acquire I Of (D) (Ins	ed (A) or tr. 3, 4 and 5	Beneficia Owned Fo	s Ily ollowing	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
								Code V	Amo	ount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)
			Table II - D (e					uired, Dis , options,					Owned				
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/Ye	Code		5. Number Derivativ Securitie Acquired or Dispos of (D) (In: 3, 4 and	re s i (A) sed str.	6. Date Exerc Expiration Day/\ (Month/Day/\	ate	nd	7. Title and of Securiti Underlying Derivative (Instr. 3 and	es Security	8. Price of Derivative Security (Instr. 5) Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expirati Date	tion	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Non- Qualified Stock Option (Right to Buy)	\$18.97	02/10/2023		A		237,296		(1)	02/09/20	2033	Common Stock	237,296	\$0.00	237,29	96	D	
Restricted Stock Units	(2)	02/10/2023		Α		50,655		(3)	(3)		Common Stock	50,655	\$0.00	50,65	5	D	

- 1. 25% of the shares subject to the stock option vest on the first anniversary of February 10, 2023, with the balance vesting in 36 equal monthly installments thereafter, such that the shares subject to the option will be fully vested on the fourth anniversary of such date.
- 2. Each restricted stock unit is subject to the 2023 Inducement Plan and represents a contingent right to receive one share of Acadia common stock.
- 3.50% of the shares subject to the restricted stock units vest on the second anniversary of February 10, 2023, with the balance vesting in two equal annual installments thereafter, such that the shares subject to the restricted stock units will be fully vested on the fourth anniversary of such date.

Remarks:

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

Fact

02/13/2023 ** 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.