SEC Form 4 FORM 4	UNITED STA	TES SECURITIES AND EXCHANGE CO	MMISSION	J		
		OME	OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		Estimated a	OMB Number: 3235-02 Estimated average burden hours per response:			
	File	or Section 30(h) of the Investment Company Act of 1940	+	<u>[</u>		
1. Name and Address of Reporting Person [*] <u>Ridloff Elena</u>		2. Issuer Name and Ticker or Trading Symbol <u>ACADIA PHARMACEUTICALS INC</u>	(Check all app	(Check all applicable)		
(Loot) (First)	(Middle)	Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [ACAD] S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Section Washington, D.C. 20549 10% Owner S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title below)	Other (specify below)			
(Last) (First) C/O ACADIA PHARMACEUTIC	(Middle) CALS INC.	3. Date of Earliest Transaction (Month/Day/Year) 04/29/2021		EVP and C	FO	

SAN DIEGO	CA	92130								Form filed by Mor Person	1 0	
(City)	(State)	(Zip)										
		Table I - No	n-Derivative S	ecurities Acq	uired,	Dis	posed of,	or Ben	eficially	Owned		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock			04/29/2021		М		3,245	A	(1)	11,585	D	
Common Stock			04/30/2021		S ⁽²⁾		1,032	D	\$20.33	10,553	D	

4. If Amendment, Date of Original Filed (Month/Day/Year)

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)		n of		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)	04/29/2021		М			3,245	(3)	(3)	Common Stock	3,245	\$0.00	6,491	D	

Explanation of Responses:

12830 EL CAMINO REAL, SUITE 400

(Street)

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.

3. The restricted stock units vest in four equal annual installments beginning 4/29/2020.

Remarks:

/s/ Austin D. Kim, Attorney-in-04/30/2021 Fact

3235-0287

6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person

Line)

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** 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.