FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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).

Instruction 1(b).			ant to Section 16(a) ection 30(h) of the I				934	Tiours per response. 0.0							
Name and Address of Reporting Person* KIM AUSTIN D.				2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC ACAD]							tionship of Reporting all applicable) Director Officer (give title below)	10% C	Owner (specify		
(Last) (First) (Middle) C/O ACADIA PHARMACEUTICALS INC.				3. Date of Earliest Transaction (Month/Day/Year) 01/06/2024							EVP,General Co	ounsel, Secret	ary		
12830 EL CAMINO REAL, SUITE 400				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 Form filed by Mor 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.												
		Table I - No	n-Deriva	tive S	Securities Acc	quired	l, Dis	posed of,	or Be	neficially	Owned				
Date			2. Transaction Date (Month/Day/		Execution Date,		ction Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) Amount (A) or Pri			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		

D 46,901 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

 $S^{(2)}$

1,634

590

A

\$29.96(3)

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. Transaction Code (Instr. 8)		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)	01/06/2024		М			1,634	(4)	(4)	Common Stock	1,634	\$0.00	0	D	

Explanation of Responses:

Common Stock

Common Stock

- 1. Each restricted stock unit represents a contingent right to receive one share of Issuer's 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.

01/06/2024

01/08/2024

- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$29.6641 to \$29.96, 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.
- $4. \ The \ restricted \ stock \ units \ vest \ in \ four \ equal \ annual \ installments \ beginning \ January \ 6, \ 2021.$

Remarks:

/s/ Austin D. Kim 01/09/2024

47,491

D

D

** 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.