FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPR	OVAL
OMB Number:	3235-0362
Estimated average bu	rden
hours per response:	1.0

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions F	teported.	File	ed pursuant to or Section					ities Excha ompany Ac								
1. Name and Address of Reporting Person* <u>Hacksell Uli</u>				2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC ACAD						5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Own					Owner		
(Last) (First) (Middle) 3911 SORRENTO VALLEY BOULEVARD				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2009							Year)	X Officer (give title below) Other (specification)					
(Street) SAN DIEGO CA 92121					4. If Amendment, Date of Original Filed (Month/Day/Year)							G. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta		^{Zip)} e I - Non-Deri v	ative Sec	uritie	es Ac	quire	ed, Di	sposed	of, or	 Benefici	ially	Owne	ed			
Di		2. Transaction Date (Month/Day/Year)	Execution Date,		Date, Transaction Code (Instr.					or Dispose	5. Amount of Securities Beneficially Owned at end of		es ially	Ownership Form: Direct		7. Nature of Indirect Beneficial Ownership	
					0)	0)		Amount		Price	;	Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)	
Common	Common Stock 08/19/20		08/19/2009			G		8	8,300		\$0			0		D	
Common	Stock		08/19/2009			C	G	8	,300	A	\$0	\$0 78,216 I			Зу Family Гrust		
		Ta	ble II - Derivat (e.g., p	ive Secur uts, calls,									wned				
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)	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr	rative rities ired r osed)	Expir	Date Exercisable and piration Date onth/Day/Year)		e and 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		Deri Sec	8. Price of Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)
					(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

/s/ Uli Hacksell

02/15/2010

** 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.