Instruction 1(b)

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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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  Mills Roger						ACADIA PHARMACEUTICALS INC [ ACAD ]								(Check all applicable)  Director  Director  Director (give title Other (specify					/ner
(Last) (First) (Middle) 11085 TORREYANA ROAD #100						3. Date of Earliest Transaction (Month/Day/Year) 09/20/2013								EVP, DEVELOPMENT AND CMO					
(Street) SAN DIEGO CA 92121 (City) (State) (Zip)				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	·					
		Tab	le I - I	Non-Der	ivativ	e Sec	curit	ties A	cquire	d, D	isposed o	f, or B	enefici	ally	Owned				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Exec if any	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic Owned		es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 09/20/202						.3			M		35,965	A	\$0		51,	740(1)		D	
Common Stock 09/20/201					2013	13			<b>S</b> <sup>(2)</sup>		35,965	D	\$25.00	052 <sup>(3)</sup> 15		5,775		D	
		-	Table								sposed of, , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if anv	emed ion Date, /Day/Year)	n Date, Transa Code (				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	nber					
Stock Option (right to	\$1.55	09/20/2013			M			35,965	(4	)	03/11/2020	Commo: Stock	<sup>n</sup> 35,96	65	\$0	164,03	5	D	

## **Explanation of Responses:**

- 1. Includes 1,758 shares acquired on May 31, 2013 by Dr. Mills under the ACADIA Pharmaceuticals Employee Stock Purchase Plan.
- 2. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person in 2013.
- 3. The price reported in Column 4 is a weighted-average price. These shares were sold in multiple transactions at prices ranging from \$25.00 to \$25.05 per share, inclusive. The reporting person undertakes to provide ACADIA Pharmaceuticals Inc., any security holder of ACADIA Pharmaceuticals Inc., 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 foregoing range.
- 4. 25% of the shares subject to the Stock Option vested and became exercisable on March 12, 2011. The remaining shares vest and become exercisable thereafter in 36 equal monthly installments.

/s/ Roger G. Mills

09/20/2013

\*\* 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.