## 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
Instruction 1(h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours por rosponso:	0.5							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Hacksell Uli					<u>A</u>	2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [ ACAD ]									all applic	or 10		10% Ow	ner
(Last) (First) (Middle) 11085 TORREYANA ROAD #100						3. Date of Earliest Transaction (Month/Day/Year) 01/14/2015									Officer below)	(give title	Other (s below)		pecify
(Street) SAN DII			92121 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	vidual or J Form fi Form fi Person	1			
(5.5)				on-Der	ivativ	e Sec	urit	ies Ac	auire	d. Di	sposed o	of. or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Tran		2. Transa Date	Transaction ate		2A. Deemed Execution Date, ar) if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amou		ınt of es	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								. ,	Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	tion(s)			Instr. 4)
Common Stock			01/14	01/14/2015				М		30,000	A	\$	2	30,	),000		D		
Common	Stock			01/14	/2015				G	v	30,000	D	\$	0	0 D			D	
Common	Stock			01/14	/2015				G	v	30,000	A	\$	\$0 145,549 I				I 1	By Family Frust
Common Stock 01/14/				/2015	015			s <sup>(1)</sup> 30,000		D	\$33.9	9 <b>81</b> <sup>(2)</sup>	115	15,549		I   1	By Family Trust		
		-	Table II								posed of, convertil				wned				
1. Title of Derivative Conversion Date Courity Or Exercise (Month/Day/Year) If any		4. Transa	5. Number of Oracle (Instr. Derivative		umber vative urities uired or oosed O) (Instr.	6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Ti of Sundamental Of			7. Title ar of Securi Underlyir Derivativ	ecurities erlying		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Ownership Form:	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (right to	\$2	01/14/2015			М			30,000	(3)	1	10/19/2018	Common Stock	30,0	00	\$0	0		D	

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person in March 2014.
- 2. The price reported in Column 4 is a weighted-average price. These shares were sold in multiple transactions at prices ranging from \$33.68 to \$34.33 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.
- 3. 50% of the shares subject to the stock option vested and became exercisable on October 20, 2010. The remaining shares vested in equal monthly installments over the following 2 years.

/s/ Glenn F. Baity, Attorney-in-Fact

\*\* 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.