FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
vusilligion,	D.C.	20343	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL							
OMB Number:	3235-0287							
Estimated average burden hours per response: 0.5								
hours per response	: 0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

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* Schneyer Mark C.					AC	2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [ACAD]									of Reportir icable) or r (give title	ng Per	son(s) to Iss 10% Ov Other (s	/ner
(Last) (First) (Middle) C/O ACADIA PHARMACEUTICALS INC.					3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023									below) below) EVP, Chief Financial Officer			,	
12830 EL CAMINO REAL, SUITE 400				4. If A	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 Reporting Person Form filed by More than One Reporting Person														
(City) (State) (Zip)				Rul	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	e I - Noi	n-Deriv	ative :	Sec	uriti	ies Ac	quired,	Dis	posed	of, or B	enefici	ally Owne	d			
Date				Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction D Code (Instr. 5)			ecurities Acquired (A) osed Of (D) (Instr. 3,		nd Securit Benefic Owned	ies F ially (Following (Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	Price	Report Transa (Instr. 3	ction(s)			Instr. 4)
Common Stock 06/08				06/08/	/2023	2023			M		1,89	3 A	\$0.	00 23	3,798		D	
Common Stock 06/08/				2023				S ⁽¹⁾		974	D	\$25	02 22	22,824		D		
		Ta										f, or Bei ible sec		ly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	Code (I		ı of		6. Date Ex Expiration (Month/D	n Date	•	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(2)	06/08/2023			M			1,893	(3)		(3)	Common Stock	1,893	\$0.00	1,893		D	

Explanation of Responses:

- 1. The sales reported in this Form 4 were made to cover the tax obligation that occurred upon the vesting of restricted stock units.
- 2. Each restricted stock unit represents a contingent right to receive one share of Acadia common stock.
- $3.\ The\ restricted\ stock\ units\ vest\ in\ three\ equal\ annual\ installments\ on\ each\ of\ June\ 8,\ 2022,\ June\ 8,\ 2023\ and\ June\ 8,\ 2024.$

Remarks:

/s/ Austin D. Kim, Attorney-in-06/12/2023 **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.