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: Estimated average burden hours per response: 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

| 1. Name and Address of Reporting Person*  KAPLAN LESTER J PH D |                                                                       |                                            |                                        |                               | 2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [ ACAD ] |                                                                                                |                                        |                                             |                               |                                                                                  |                               | Check all ap                                                                                                                                       | ,                                                                                             |                                       | son(s) to Iss<br>10% Ov<br>Other (s                                      | vner                                                               |
|----------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|----------------------------------------|-------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------|-------------------------------|----------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
| (Last) (First) (Middle) 3911 SORRENTO VALLEY BLVD              |                                                                       |                                            |                                        |                               | 3. Date of Earliest Transaction (Month/Day/Year) 06/10/2011                     |                                                                                                |                                        |                                             |                               |                                                                                  |                               | belo                                                                                                                                               |                                                                                               |                                       | below)                                                                   | poony                                                              |
| (Street) SAN DIEGO CA 92121 (City) (State) (Zip)               |                                                                       |                                            |                                        | 4                             | 4. If Amendment, Date of Original Filed (Month/Day/Year)                        |                                                                                                |                                        |                                             |                               |                                                                                  |                               | Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person |                                                                                               |                                       |                                                                          |                                                                    |
|                                                                |                                                                       | Tab                                        | le I - Non-E                           | Perivati                      | ive Se                                                                          | curities                                                                                       | s Ac                                   | quired, D                                   | isposed o                     | of, or Be                                                                        | neficia                       | ally Own                                                                                                                                           | ed                                                                                            |                                       |                                                                          |                                                                    |
| 1. Title of Security (Instr. 3) 2. Trans                       |                                                                       |                                            |                                        | Transacti<br>ate<br>lonth/Day | /Year)                                                                          | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year                                     |                                        | Code (Ins                                   | on Dispose                    | eurities Acquired (A)<br>sed Of (D) (Instr. 3, 4                                 |                               | nd Secui<br>Bene<br>Owne                                                                                                                           | cially<br>I Following                                                                         | Form<br>(D) o                         | n: Direct<br>r Indirect<br>istr. 4)                                      | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |
|                                                                |                                                                       |                                            |                                        |                               |                                                                                 |                                                                                                |                                        | Code V                                      | Amount                        | (A) or<br>(D)                                                                    | Price                         | Trans                                                                                                                                              | Reported Transaction(s) (Instr. 3 and 4)                                                      |                                       |                                                                          | (11150.4)                                                          |
|                                                                |                                                                       |                                            |                                        |                               |                                                                                 |                                                                                                |                                        |                                             |                               |                                                                                  |                               |                                                                                                                                                    |                                                                                               |                                       |                                                                          |                                                                    |
|                                                                |                                                                       | -                                          | Гable II - De<br>(e.                   |                               |                                                                                 |                                                                                                |                                        | uired, Dis<br>s, options                    |                               |                                                                                  |                               |                                                                                                                                                    |                                                                                               | '                                     |                                                                          |                                                                    |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)            | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) |                                        | g., puts                      |                                                                                 |                                                                                                | ber<br>ive<br>ies<br>ed<br>ed<br>nstr. |                                             | converti                      |                                                                                  | rities) d Amour es g Security | 8. Price<br>Derivati<br>Security                                                                                                                   | of 9. Numbe                                                                                   | re<br>es<br>ally<br>g<br>d<br>tion(s) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
| Derivative<br>Security                                         | Conversion<br>or Exercise<br>Price of<br>Derivative                   | 3. Transaction<br>Date                     | 3A. Deemed<br>Execution Date<br>if any | g., puts                      | s, call                                                                         | 5. Numb<br>of<br>Derivati<br>Securiti<br>Acquire<br>(A) or<br>Dispose<br>of (D) (II            | ber<br>ive<br>ies<br>ed<br>ed<br>nstr. | 6. Date Exercises                           | converti                      | 7. Title and of Security Underlying Derivative                                   | rities) d Amour es g Security | 8. Price Derivati Security (Instr. 5)                                                                                                              | 9. Numbe<br>derivativ<br>Securitie<br>Beneficia<br>Owned<br>Followine<br>Reported<br>Transact | re<br>es<br>ally<br>g<br>d<br>tion(s) | Ownership<br>Form:<br>Direct (D)<br>or Indirect                          | of Indirect<br>Beneficial<br>Ownership                             |
| Derivative<br>Security                                         | Conversion<br>or Exercise<br>Price of<br>Derivative                   | 3. Transaction<br>Date                     | 3A. Deemed<br>Execution Date<br>if any | g., puts                      | s, call                                                                         | 5. Numbor<br>of Derivati<br>Securiti<br>Acquire<br>(A) or<br>Dispose<br>of (D) (II<br>3, 4 and | ed nstr.                               | 6. Date Exer<br>Expiration D<br>(Month/Day/ | converticisable and ate Year) | DIE SECU<br>7. Title am<br>of Securit<br>Underlyin<br>Derivative<br>(Instr. 3 ar | Amoun<br>or<br>Numbe          | nt 8. Price Derivati Security (Instr. 5)                                                                                                           | 9. Numbe<br>derivativ<br>Securitie<br>Beneficia<br>Owned<br>Followine<br>Reported<br>Transact | re<br>es<br>ally<br>g<br>d<br>tion(s) | Ownership<br>Form:<br>Direct (D)<br>or Indirect                          | of Indirect<br>Beneficial<br>Ownership                             |

## **Explanation of Responses:**

- 1. 25% of the shares subject to the Stock Option vest and become exercisable at the end of each 3-month period following the date of grant.
- 2. The Reporting Person has elected to convert annual retainer fees of \$25,000 into a stock option under the terms of the Issuer's Outside Director Compensation Program.

/s/ Kirk V. Crawford, Attorney-06/14/2011

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.