FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| 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 ar | <u>A</u> | 2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [ACAD] | | | | | | | | | all applic | able) | g Pers | 10% Ow | vner | | | | |
|---|---|---|--------|---------------------------------|--|---|------|---|---|------|--|---|-----------------------------------|---|--|---|---------------|--|---|
| (Last) (First) (Middle) 11085 TORREYANA ROAD #100 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2014 | | | | | | | | | below) | (give litte | | Other (specify below) | |
| (Street) SAN DIEGO CA 92121 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | ivativ | tive Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | | tion | 2A. D Exec if any | eeme | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | (A) or | 5. Amou Securiti Benefic Owned | | nt of es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | , | Amount | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | |
| Common Stock 06/09/202 | | | | | | | 4 | | М | | 15,000 | A | \$1.6 | | 15,000 | | | D | |
| Common Stock 06/09/201 | | | | | | 14 | | | S ⁽¹⁾ | | 15,000 | D | \$23.03 | 304 ⁽²⁾ | | 0 | | D | |
| | | ٦ | 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 any | emed ion Date, /Day/Year) | 4. Transa Code (8) | | | vative urities uired or oosed O) (Instr. | 6. Date Expirati (Month/ | on D | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | D | 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 t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | er | | | | | |
| Stock option (right to | \$1.6 | 06/09/2014 | | | M | | | 15,000 | (3) | | 01/26/2022 | Commo Stock | ⁿ 15,0 | 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 \$23.00 to \$23.05 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.
- 3. 50% of the shares subject to the stock option vested and became exercisable on January 27, 2013, and 50% of the shares subject to the stock option vested and became exercisable on January 27, 2014.

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

06/10/2014

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.