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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAI

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

TATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB Number: | 3235-0287 |
|------------------------|-----------|
| Estimated average burg | len |
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person* <u>Moore Terrence O</u> | | | 2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC ACAD] | Director 10% Owner | | | | | |
|---|----------------------|------------------|---|---|--|--|--|--|--|
| (Last) 11085 TORRE | (First) YANA ROAD | (Middle) #100 | 3. Date of Earliest Transaction (Month/Day/Year) 03/07/2014 | X Onlicer (give fulle Other (specify below) below) below) below) EVP, CHIEF COMMERCIAL OFFICER | | | | | |
| (Street) SAN DIEGO | CA | 92121 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2A. Deeme Execution if any (Month/Day | | Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|--|-----------------------------|---|---|---------------|-------|------------------------------------|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1 | (e.g., puis, cais, warants, options, convertible securities) | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|-------------------|-----|---|--------------------|---|--|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Expiration Dat | | Expiration Date of Securi (Month/Day/Year) Underlyir Derivative | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option (right to buy) | \$27.2 | 03/07/2014 | | A | | 35,000 | | (1) | 03/06/2024 | Common Stock | 35,000 | \$0 | 35,000 | D | |

Explanation of Responses:

1. 25% of the shares subject to the Stock Option vest and become exercisable on March 7, 2015. The remaining shares vest and become exercisable thereafter in 36 equal monthly installments.

| <u>/s/ Glenn F. Baity, Attorney-in-</u> | 02/11/2014 |
|---|------------|
| <u>Fact</u> | 03/11/2014 |
| ** 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.