## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
vvaoriington,	D.O. 20040

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* <u>Hacksell Uli</u>				<u>A</u>	2. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [ ACAD ]									all applic	tionship of Reporting Pe all applicable) Director		Owner		
(Last) (First) (Middle) 11085 TORREYANA ROAD #100						3. Date of Earliest Transaction (Month/Day/Year) 11/24/2014								X	Officer below)		Othe belov EO	(specify ()	
(Street) SAN DII			92121 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	<b>,</b>				
(Oity)		,	,	Non-Der	ivativ	e Sec	curit	ies A	cauire	ed. D	isposed o	of. or B	enefic	ially	Owned				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or			5. And 5) Secu		ount of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)		(Instr. 4)	
Common	Common Stock			11/24/2014				M		30,000	A	\$	\$2		30,000				
Common	Stock			11/24/2	2014				G	v	30,000	D	\$	0		0	D		
Common Stock		11/24/2014		1		G	v	30,000	A	\$(	\$0 14		5,549	I	By Family Trust				
Common Stock			11/24/7	2014	014			S <sup>(1)</sup>		30,000	D	\$29.2799 <sup>(2)</sup>		115,549		I	By Family Trust		
		7	Table								sposed of				wned			•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date Execution Date, if any (Month/Day/Year) (Month/Day/Year)  3. Transaction Execution Date, if any (Month/Day/Year) (Month/Day/Year)  3. Transaction Date Execution Date, if any (Month/Day/Year) of Derivative Security (A) or Dispose of (D) (Ir 3, 4 and		umber vative urities uired or oosed ) (Instr.	6. Dat		rcisable and Date	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		unt 8.	Price of erivative ecurity nstr. 5)		Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership ct (Instr. 4)						
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numl of Share	ber					
Stock Option (right to	\$2	11/24/2014			М			30,000	(	3)	10/19/2018	Commo Stock		000	\$0	60,000	) 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 \$29.00 to \$29.465 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.