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(b).	

## 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

Name and Address of Reporting Person     Baity Glenn							ACADIA PHARMACEUTICALS INC [ ACAD ]									of Reporting cable) or (give title	10% O		vner
(Last) (First) (Middle) 3611 VALLEY CENTRE DRIVE, SUITE 300						3. Date of Earliest Transaction (Month/Day/Year) 08/09/2017									below)	EVP A	ND (	below)	
(Street) SAN DIEGO CA 92130 (City) (State) (Zip)						If Amer	ndmei	nt, Date	of Orig	inal Fil	led (Month/Da	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 - I	Non-Deri	vativ	e Sec	curit	ies A	cquire	ed, D	isposed o			ially	Owned				
				2. Transac Date (Month/Da		Exec if any	Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Disposed Of	Acquired (A) or (D) (Instr. 3, 4 and		Benefic Owned		es ally Following	Form: Direct   0 (D) or Indirect   E (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 08					2017				M		922	Α	\$1.	.55		8,578		D	
Common Stock 08/09/					2017	)17					13,400	A	\$1.	\$1.62		91,978		D	
Common Stock 08/09/20					2017	.7			S <sup>(1)</sup>		14,322	D	\$34.87	34.8788 <sup>(2)</sup>		77,656		D	
		•	Table								posed 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 Exer Expiration I (Month/Day)		ate	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D	. Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	per					
Stock Option (right to buy)	\$1.55	08/09/2017			M			922	(	3)	03/11/2020	Commo Stock	n 92:	2	\$0	0		D	
Stock Option (right to	\$1.62	08/09/2017			M			13,400	(	4)	03/24/2021	Commo Stock	<sup>n</sup> 13,4	.00	\$0	30,507	7	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 May 2017.
- 2. The price reported in Column 4 is a weighted-average price. These shares were sold in multiple transactions at prices ranging from \$34.87 to \$34.91 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. 25% of the shares subject to the Stock Option vested and became exercisable on March 12, 2011. The remaining shares vested and became exercisable thereafter in 36 equal monthly installments.
- 4. 25% of the shares subject to the Stock Option vested and became exercisable on March 25, 2012. The remaining shares vested and became exercisable thereafter in 36 equal monthly installments.

/s/ Elizabeth Carter, Attorneyin-Fact

08/11/2017

\*\* 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.