ACADIA PHARMACEUTICALS INC

Form 4 June 17, 2008

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 OF **SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

(Last)

(Instr. 3)

1. Name and Address of Reporting Person * WALTON ALAN G

(Middle)

ACADIA PHARMACEUTICALS INC [ACAD]

2. Issuer Name and Ticker or Trading

315 POST ROAD WEST

(First)

(Street)

3. Date of Earliest Transaction

(Month/Day/Year) 06/13/2008

Symbol

4. If Amendment, Date Original

Filed(Month/Day/Year)

(Zip)

5. Relationship of Reporting Person(s) to

OMB

Number:

Expires:

response...

Estimated average

burden hours per

OMB APPROVAL

3235-0287

January 31,

2005

0.5

Issuer

(Check all applicable)

X_ Director 10% Owner Officer (give title Other (specify

below)

6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ Form filed by One Reporting Person

Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

(City) (State)

WESTPORT, CT 06880

2. Transaction Date 2A. Deemed 1.Title of Security

(Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code (Instr. 8)

Disposed of (D) (Instr. 3, 4 and 5)

Code V Amount (D) Price

(A)

or

Beneficially Owned Following Reported Transaction(s)

(Instr. 3 and 4)

5. Amount of

Securities

6. Ownership Form: Direct (D) or Indirect Beneficial (I) (Instr. 4)

7. Nature of Indirect Ownership

(Instr. 4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

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

1. Title of Derivative Conversion Security or Exercise

3. Transaction Date 3A. Deemed (Month/Day/Year)

Execution Date, if any

4. 5. Number of TransactionDerivative Code Securities

6. Date Exercisable and **Expiration Date** (Month/Day/Year)

7. Title and Amount of 8 **Underlying Securities** (Instr. 3 and 4)

Edgar Filing: ACADIA PHARMACEUTICALS INC - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)	Acquired (or Dispose (D) (Instr. 3, 4, and 5)	d of				(
				Code V	7 (A)	(D) Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 8.49	06/13/2008		A	10,000		<u>(1)</u>	06/12/2018	Common Stock	10,000
Stock Option (Right to Buy)	\$ 8.49	06/13/2008		A	8,833		(1)	06/12/2018	Common Stock	8,833

Reporting Owners

Reporting Owner Name / Address		Relationsh	ips				
reporting o where remains a remainder	Director	10% Owner	Officer	Other			
WALTON ALAN G 315 POST ROAD WEST WESTPORT, CT 06880	X						
Signatures							
/s/ Raymond Charest Walton	· · · · · · · · · · · · · · · · · · ·						
	**Signature of Reporting Person						

Explanation of Responses:

- * 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).
- (1) One-Fourth of the shares subject to the Stock Option shall vest and become exercisable at the end of each three-month period following June 13, 2008.
- (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.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2