## Edgar Filing: ACADIA PHARMACEUTICALS INC - Form 4

ACADIA F Form 4 June 17, 20	PHARMACEUTIC	CALS INC	-								
FOR Check t	<b>M 4</b> UNITED	STATES	SECURITIES AND EXCHANGE COM Washington, D.C. 20549				GE COMMIS	SION	OMB Number:	PPROVAL 3235-0287 January 31	
-	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF         on 16.       SECURITIES         14 or       15         15       Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,         ations       Section 17(a) of the Public Utility Holding Company Act of 1935 or Section         nstruction       30(h) of the Investment Company Act of 1940							Expires: 2005 Estimated average burden hours per response 0.5			
(Print or Type	e Responses)										
1. Name and Rasmusser		2. Issuer Name <b>and</b> Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [ACAD]				Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
	DIA CEUTICALS ING FO VALLEY			of Earliest T Day/Year) 2008	ransaction		X Dirt Offi below)	ector cer (give t		% Owner her (specify	
(Street) SAN DIEGO, CA 92121			4. If Amendment, Date Original Filed(Month/Day/Year)			Applicable _X_ Form Form f	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(State)	(Zip)	<b>T</b> 1			a	Person		D (* 1		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		d Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3,	ies (A) or of (D)	es Acquired, Disp 5. Amount o Securities Beneficially Owned Following Reported Transaction( (Instr. 3 and	f 6. Fo (E (I) (I) s)	Ownership orm: Direct ) or Indirect	7. Nature of Indirect	
Reminder: Re	eport on a separate line	e for each cla	iss of sec	urities bene	Perso inforr requi	ons who nation c red to re	tly or indirectly. respond to the contained in this spond unless to rrently valid OM	s form a he form	re not	SEC 1474 (9-02)	

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

number.

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)	Execution Date, if TransactiorDerivat any Code Securit		6. Date Exer Expiration D (Month/Day/	ate	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 1 22 ()
				Code V	(A) (D)	Date Exercisable	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		А	7,067	<u>(1)</u>	06/12/2018	Common Stock	7,067	

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## **Reporting Owners**

Reporting Owner Name / Addres	Relationships								
<b>FB</b> - ··· ····	Director	10% Owner	Officer	Other					
Rasmussen Torsten C/O ACADIA PHARMACEUTICA 3911 SORRENTO VALLEY BOUL SAN DIEGO, CA 92121		X							
Signatures									
/s/ Uli Hacksell, attorney-in-fact	06/17/200	)8							
**Signature of Reporting Person	Date								
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) 25% of the shares subject to the Stock Option vest and become exercisable at the end of each 3-month period following the date of grant.
- (2) The Reporting Person has elected to convert annual retainer fees of \$20,000 into a stock option under the terms of the Issuer's Outside Director Compensation Program.
- (3) The stock options are held by Morgan Management ApS, a Danish corporation in which Mr. Rasmussen has a controlling interest

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.

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