#### Edgar Filing: ACADIA PHARMACEUTICALS INC - Form 3

ACADIA PHARMACEUTICALS INC Form 3 August 20, 2013 FORM 3

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

# **INITIAL STATEMENT OF 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

#### **OMB APPROVAL**

OMB 3235-0104 Number: January 31, Expires: 2005 Estimated average burden hours per response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Moore Terrence O			<ul><li>2. Date of Event Requiring</li><li>Statement</li><li>(Month/Day/Year)</li></ul>	3. Issuer Name and Ticker or Trading Symbol ACADIA PHARMACEUTICALS INC [ACAD]		
(Last)	(First)	(Middle)	08/19/2013	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)	

# C/O ACADIA PHARMACEUTICALS INC., 3911 SORRENTO VALLEY BLVD.

(Street)

# SAN DIEGO, CAÂ 92121

(City)	(State)	(Zip)
1.Title of Secu		

(Instr. 4)

(give title below) (specify below) EVP, CHIEF COMMERCIAL OFFICER

Director

\_ Officer

(Check all applicable)

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 Beneficially Owned**

SEC 1473 (7-02)

2. Amount of Securities Beneficially Owned (Instr. 4)

4. Nature of Indirect Beneficial 3. Ownership Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

10% Owner

\_ Other

(Instr. 5)

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

> 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 control number.

#### Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security	2. Date Exercisable and	3. Title and Amount of	4.	5.	6. Nature of Indirect
(Instr. 4)	Expiration Date	Securities Underlying	Conversion	Ownership	Beneficial Ownership
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	(Instr. 5)
		(Instr. 4)	Price of	Derivative	
			Derivative	Security:	

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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
					(Instr. 5)

# **Reporting Owners**

Reporting Owner Name / Address	Relationships				
	Director	10% Owner	Officer	Other	
Moore Terrence O C/O ACADIA PHARMACEUTICALS INC. 3911 SORRENTO VALLEY BLVD. SAN DIEGO, CA 92121	Â	Â	EVP, CHIEF COMMERCIAL OFFICER	Â	
Signatures					
/s/ Glenn F. Baity, Attorney-in-Fact 08/20	/2013				
**Signature of Reporting Person D	ate				
<b>Explanation of Response</b>	s:				

### No securities are beneficially owned

\* If the form is filed by more than one reporting person, *see* Instruction 5(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. 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.