

ACORDA THERAPEUTICS INC

Reported by LAWRENCE DAVID

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/24/08 for the Period Ending 01/23/08

Address 420 SAW MILL RIVER ROAD

ARDSLEY, NY 10502

Telephone 914-347-4300

CIK 0001008848

Symbol ACOR

SIC Code 2836 - Biological Products, Except Diagnostic Substances

Industry Biotechnology & Drugs

Sector Healthcare

Fiscal Year 12/31





[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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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(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
LAWRENCE DAVID					ACORDA THERAPEUTICS INC [ACOR]							Direct	Director 10% Owner		wner		
(Last)	(First)	1	(Middle)	3.	3. Date of Earliest Transaction (MM/DD/YYYY)						X Officer (give title below) below) Chief Financial Officer		Othe	r (specify			
15 SKYLINE	DRIVE	C					1/2	23	/2008					anciai O	incei		
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)					
HAWTHORN	NE, NY	1053	32														
(City)	(State)		(Zip)												Reporting Per han One Rep		n
		Tab	ole I - No	n-Deriv	ativ	e Secur	ities Ac	eqi	uired, I)is	posed o	of, or I	Beneficiall	y Owned			
			2. Tran Date]]]	2A. Deemed Execution Date, if	3. Trans. Code (Instr. 8)	ode (A) or Disposed of nstr. 8) (D) (Instr. 3, 4 and 5)			ing Reported Transaction(s) 3 and 4)			6. 7. Nature Ownership Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4)				
					ľ	any	Code	V	Amount	(A) or (D)						(I) (Instr. 4)	(Instr. 4)
Restricted Stock				1/23/2			s		200	D	\$23.64		4	923		D	
Restricted Stock				1/23/2			S		100	D	\$23.52		4	823		D	
Restricted Stock				1/23/2			s		100	D	\$23.51		4	723		D	
Restricted Stock 1/2				1/23/2			s		200	D	\$22.40		4523			D	
Restricted Stock 1/2.				1/23/2			S		207	D	\$22.36		4316			D	
Restricted Stock				1/23/2			S		300	D	\$22.31		4	016		D	
Tab	ole II - De	rivati	ve Secui	ities Be	nefi	cially O	wned (e.	.g. , put	s, (calls, w	arran	ts, options	, convert	ible secur	rities)	
(Instr. 3) or Exercise Date Execution Coo		4. 5 Trans. I Code 5 (Instr. 8)	5. Number of Derivative Securities 8) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		and Expiration Date Se				7. Title and Amoun Securities Underlyi Derivative Security (Instr. 3 and 4)		nt of ring	1	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	(A)	(D)	Date Exercisa	able	Expirati e Date	on	Title	nount or l ares	Number of		Transaction (s) (Instr. 4)	4)	

Explanation of Responses:

(1) Sale pursuant to a 10b5-1 plan.

Reporting Owners

Paparting Owner Nam	o / Addross	Relationships						
Reporting Owner Name / A	ic / Addiess							

	Director	10% Owner	Officer	Other
LAWRENCE DAVID				
15 SKYLINE DRIVE			Chief Financial Officer	
HAWTHORNE, NY 10532				

Signatures

/s/ David Lawrence	1/24/2008		
** 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 control number.