

ACORDA THERAPEUTICS INC

Reported by
BLIGHT ANDREW

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 02/19/08 for the Period Ending 02/15/08

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

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

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V		(A)	(D)	Date Exercisable	Expiration Date				
Employee Stock Option (right to buy)	\$2.60	2/15/2008		M		2564	1/1/2002 (2)	1/1/2011	Common Stock	2564	\$2.60	0	D	
Employee Stock Option (right to buy)	\$2.60	2/15/2008		M		1923	12/31/2002 (3)	12/31/2011	Common Stock	1923	\$2.60	0	D	

Explanation of Responses:

- (1) Sale pursuant to a 10b5-1 plan.
- (2) All of the shares subject to this option vested in equal quarterly installments beginning on 1/1/2001 and ending on 1/1/2005.
- (3) All of the shares subject to this option vested in equal quarterly installments beginning on 12/31/2001 and ending on 12/31/2005.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Blight Andrew 15 SKYLINE DRIVE HAWTHORNE, NY 10532			Chief Scientific Officer	

Signatures/s/ **Andrew Blight****2/19/2008**

Date

** Signature of Reporting Person

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.