FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Ш	OMB APPE	OMB APPROVAL									
	OMB Number:	3235-0287									
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0.5

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Fincher Ronald Morgan						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					
	(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000						3. Date of Earliest Transaction (Month/Day/Year) 03/29/2016								X Officer (give title below) Other (specify below)  Chief Operating Officer				
(Street) FRANKI (City)	FRANKLIN TN 37067					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi ₋ine) X	′				
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or B	enefici	ially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Execution Date,		3. 4. Securitie Transaction Code (Instr. 8) 5.							es ially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	r Price		Transac				(111501.4)
Common Stock 03/29/20						016		F		786	D	\$53.	45	5 129,580		D			
Common Stock														86,135(1)			T I	See Footnote <sup>(2)</sup>	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			ransaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exercion Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr.: and 4)		t r		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Number of Shares								

## Explanation of Responses:

- 1. Mr. Fincher expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- $2. \ By \ the \ Ras \ W. \ Fincher \ II \ Trust \ u/a/d \ 09/13/2011, \ the \ Morgan \ M. \ Fincher \ Trust \ u/a/d \ 09/13/2011 \ and \ the \ Cody \ C. \ Fincher \ Trust \ u/a/d \ 09/13/2011.$

## Remarks

In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., the reporting person entered into a stockholders agreement with Acadia and certain other stockholders. As a result, he may deemed to be a part of a "group" with such other stockholders. To the extent the reporting person is deemed a member of a group, he disclaims beneficial ownership of shares owned by other members of the group.

<u>/s/ Christopher L. Howard as</u>
<u>Attorney in Fact for Ronald</u> <u>03/31/2016</u>
<u>Morgan Fincher</u>

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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 Number.