FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

| Washington, D.C. 20549 | OMB APPROVAL | | | |
|--|--------------|---------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-02 | | |

| OMB Number: | 3235-0287 |
|------------------------|-----------|
| Estimated average bure | den |
| hours per response: | 0.5 |

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

| Name and Address of Reporting Person* Petrie William M | | | | | | 2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC] | | | | | | | | | | | olicable) | | Person(s) to Issuer 10% Owner | | |
|--|--|------------|-------|-------------------------------------|---|---|------------------------------------|--|---|---|--------------------|--|-----------------|---|---|------------------------------------|---|---|---|------------|--|
| (Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/19/2016 | | | | | | | | | | | Office below | er (give title w) | | Other (specify below) | | |
| 6100 TOWER CIRCLE, SUITE 1000 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) FRANKI | IN TN | 1 3 | 37067 | | | | | | | | | | | | X | | n filed by One n filed by Mo on | | _ | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ay/Year) Execut | | . Deemed ecution Date, iny onth/Day/Year) | | | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and S | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common Stock 05/ | | | | | 05/19/2016 | | | | A | | 2,840(| O ⁽¹⁾ A | | \$0. | .00 | 0 13,487 | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, To Conversion or Exercise (Month/Day/Year) if any | | | | ransaction of ode (Instr. Derivativ | | rative rities ired r osed) | 6. Date E Expiratio (Month/E | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owne Form Direct or Ind (I) (Ins | t (D) lirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber ıres | | | | | | | |

Explanation of Responses:

1. Shares will vest over a 3-year period in equal annual installments beginning May 19, 2017.

Remarks:

/s/ Christopher L. Howard as Attorney in Fact for William

05/20/2016

M. Petrie

** 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 Number.