FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB AP	PROVAL
OMB Number:	3235-028

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

or Section 30(h) of the Investment Company Act of 1940

37 Estimated average burden hours per response: 0.5

														-						
1. Name and Address of Reporting Person*  GRIECO WILLIAM						2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]									telationship eck all appli X Directo	cable) or	g Pers	10% O	wner	
	A HEALTH	CARE COMPA				3. Date of Earliest Transaction (Month/Day/Year) 05/20/2014									Officer below)	(give title	Other (spe below)		specify	
830 CRESCENT CENTRE DRIVE, SUITE 610						Ame	ndmer	nt, Date	of Origina	l Filed	(Month/D		Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	LIN TI	N :	37067												X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,			Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 and	5. Amou Securition Benefici Owned I Reporte	es ally Following	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount		(A) or (D)	Price	Transac (Instr. 3	tion(s)			(11301. 4)	
Common Stock 05/20/2						2014		М		2,500	)	A	\$4.8	38	,923	D				
Common Stock 05/20/2					/2014	2014		A		2,361	(1)	A	\$0.00	41,284		D				
		Т	able II -								osed of				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,		ransaction ode (Instr.		ı of		6. Date Exercisa Expiration Date (Month/Day/Year		Amou Secur Under Deriva	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ve es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	٧	(A)	(D)	Date Exercisal		expiration vate	Title	O N O	umber						
Employee Stock Options	\$4.8	05/20/2014			M			2,500	11/01/20	11 0	6/15/2014	Comn		2,500	\$0.00	0		D		

## **Explanation of Responses:**

1. The shares will vest in three equal annual installments beginning May 22, 2015.

## Remarks:

(right to buy)

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

05/22/2014

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 Number.