FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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* JACOBS JOEY A					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 11/01/2011									X Office belo	er (give title	•	Other below	(specify		
(Street) FRANKI (City)			37067 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Forr Forr	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	ficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Exe ay/Year) if ar		A. Deemed execution Date, any month/Day/Year)				ties Acquired (A) I Of (D) (Instr. 3, 4			Benefic	ies :ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A (D	or	Price	Transa	action(s) . 3 and 4)			(Instr. 4)	
Common Stock 11/01/2				/2011	2011		А		59,028		A	(1)	219	9,544 ⁽²⁾		D				
Common Stock														1,18	4,623(2)		T I	See Footnote ⁽³⁾		
	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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		n Date,		ransaction ode (Instr.		vative rities rired roosed) r. 3, 4	Expiration (Month/E	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares		unt ber	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. Received in exchange for 236,115 shares of PHC, Inc. Class A common stock received in connection with the merger of PHC, Inc. with Acadia Healthcare Company, Inc. ("Acadia"). On the effective date of the merger, the closing price of Acadia common stock was \$9.00 per share.
- 2. In connection with the merger of Acadia and PHC, Inc. Mr. Jacobs entered into a stockholders agreement with Acadia and certain other stockholders and may be deemed to be part of a "group" with such other stockholders. To the extent Mr. Jacobs is deemed a member of a group, Mr. Jacobs disclaims beneficial ownership of shares owned by other members of the group.
- 3. By the Joey A. Jacobs 2011 Grantor Annuity Trust (Acadia). Mr. Jacobs expressly disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

/s/ Joey A. Jacobs

03/02/2012

** 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 Number.