FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | OVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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

| | | | | | | | () | | | , | | | - | | | | | | | | |
|--|---|--|---|--------------------------|---------|---|-----|------------------------------|----------------------------|--------------|---|---|---|-----|---|--|---|--|---|--|--|
| | d Address of | | 2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC] | | | | | | | | | Relationship leck all app | orting P | () | | | | | | | |
| WITOD KLEVED | | | | | | | | | | | | | | | X Direc | irector | | 10% Owner | | wner | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/12/2018 | | | | | | | | | Office below | title | Other (specify below) | | specify | | |
| 300 N. LASALLE STREET, SUITE 4900 | | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| CHICAGO IL 60654 | | | | 4 | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | | | | |
| (City) |) (State) (Zip) | | | | | | | | | | | | | | Person | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Cod | Transaction Code (Instr | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5 | | | | Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Cod | de | v | Amount | (A) or (D) | Price | - 1 | Reported Transaction (Instr. 3 and | | | | (Instr | . 4) | |
| Common share | 03/12/201 | 8 | | | s | | | 36,902(1) | D | \$42.02(2) | | 856,726 | | I | | See Footnotes ⁽⁵⁾⁽⁶⁾ | | | | | |
| Common Stock, par value \$0.01 per share | | | | 03/13/201 | 8 | 3 | | S | | | 5,400(1) | D | \$42.04 ⁽³⁾ | | 851,326 ⁽⁴⁾ | | I | | See Footnotes ⁽⁵⁾⁽⁶⁾ | | |
| Common Stock, par value \$0.01 per share | | | | | | | | | | | | | | | 10,088 | | D | | | | |
| | | Та | ble | II - Derivat (e.g., p | | | | | | | sposed of , converti | | | | Owned | | | | | | |
| 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. E) | | itive ities red sed | Expi | iration | ercisable and Date y/Year) | Amount of Securities Underlying Derivative Security (Instr. and 4) | | 3 | 3. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Owners Form: Direct (or Indir (I) (Insti | hip D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | e rcisabl | Expiration e Date | Title | or Number of Shares | | | | | | | | |

Explanation of Responses:

- 1. Represents shares sold pursuant to a Rule 10b-5 plan adopted by the Halcyon Exempt Family Trust (the "Halcyon Trust") on December 14, 2017.
- 2. The price reported in column 4 is a weighted average price. The shares were sold in multiple transactions under Rule 144 at prices ranging from \$42.00 to \$42.07, inclusive. The reporting person undertakes to provide to Acadia Healthcare Company, Inc., any security holder of Acadia Healthcare Company, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.
- 3. The price reported in column 4 is a weighted average price. The shares were sold in multiple transactions under Rule 144 at prices ranging from \$42.00 to \$42.27, inclusive. The reporting person undertakes to provide to Acadia Healthcare Company, Inc., any security holder of Acadia Healthcare Company, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.
- 4. The shares are owned of record as follows: (i) 413,610 shares by the Halcyon Trust, (ii) 33,333 shares by Melissa W. Waud, Mr. Waud's wife, (iii) 37,493 shares by Waud Capital Partners, L.L.C. ("WCP LLC"), (iv) 183,445 shares by the Reeve B. Waud Jr. 2012 Family Trust (the "2012 RBW Jr Family Trust"), and (v) 183,445 shares by the Cecily R.M. Waud 2012 Family Trust (the "2012 CRMW Family
- 5. Mr. Waud may be deemed to beneficially own the shares of common stock reported herein by virtue of (A) his being the investment advisor of the Halcyon Trust of which Mr. Waud's children are beneficiaries, (B) his being married to Ms. Waud, (C) his being the sole manager of WCP LLC, and (D) his being the investment advisor of the 2012 RBW Jr Family Trust and the 2012 CRMW Family Trust of which Mr. Waud's grandchildren are beneficiaries
- 6. Mr. Waud expressly disclaims beneficial ownership of the reported shares except to the extent of his pecuniary interest therein.

Remarks:

03/14/2018 /s/ Reeve B. Waud

** 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.