FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden

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

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1. Name and Address of Reporting Person* <u>Duckworth David M.</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]									Check all ap Dire	plicable) ctor		Owner
(Last) (First) (Middle) 6100 TOWER CIRCLE, SUITE 1000					3. Date of Earliest Transaction (Month/Day/Year) 02/05/2019										X Officer (give title Other (specify below) below)  Chief Financial Officer			
(Street) FRANKLIN TN 37067  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Li	Individual or Joint/Group Filing (Check Applicable e)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - Noi	n-Deriva	ative	Sec	uritie	s Acc	uired,	Dis	posed o	f, or	Ben	eficia	ally Own	ed		
Date					e E nth/Day/Year) it		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securit Disposed 5)			ties Acquired (A) o l Of (D) (Instr. 3, 4		(A) or 3, 4 ar	d Secu Bene	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A (D	) or ))	Price	Transaction			(111501.4)
Common Stock 02/05/2					2019				F		287		D	\$27.	.79	35,687	D	
	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	tercise (Month/Day/Year) if any (Month/Day/Year) ative		Date,	Transaction Code (Instr. 3)		5. Nu of Deriv Secul Acqu (A) or Dispo of (D) (Instr	ative rities ired osed	6. Date E Expiratio (Month/D	n Date	•	7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)

Date Exercisable Expiration

Explanation of Responses:

Remarks:

/s/ Christopher L. Howard as Attorney in Fact for David M. 02/07/2019 Duckworth

\*\* Signature of Reporting Person Date

of Shares

Title

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.