FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Lattner Kyle D.						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]										all app	onship of Reporting all applicable) Director		10% C	wner
(Last) (First) (Middle) C/O WAUD CAPITAL PARTNERS, L.L.C.						3. Date of Earliest Transaction (Month/Day/Year) 05/19/2016											Officer (give title below)		Other (specif below)	
300 N. LASALLE STREET, SUITE 4900						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) CHICAGO IL 60654															X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	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)						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Dispo		rities Acquired (A) ed Of (D) (Instr. 3,			4 and Secu Bend Own		cially I Following	6. Own Form: (D) or I (I) (Inst	Direct ndirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										v	Amount		(A) or (D)	Price	•	Reported Transaction(s) (Instr. 3 and 4)				(msu. 4)
Common stock, par value \$0.01 per share 05/19/)/2016						1,715	5	D	\$0.00		2,286(2)])	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Derivative Security (Instr. 3)	Derivative Conversion Date Executive Security or Exercise (Month/Day/Year) if any			Date, Transaction Code (Inst			of .		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	ıt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct or Indi (I) (Inst		11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. Represents shares previously issued to Mr. Lattner for the benefit of Waud Capital Partners, L.L.C. ("WCP LLC"), which were cancelled in connection with Mr. Lattner's departure from the Acadia Healthcare Company, Inc. board of directors effective May 19, 2016.

2. The shares are held of record for the benefit of WCP LLC. Mr. Lattner expressly disclaims beneficial ownership of the reported shares except to the extent of his pecuniary interest therein.

Remarks:

/s/ Kyle D. Lattner 05/23/2016

** 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.