FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burde	en
l	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 of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Office of the other (consists)								
	(Fii A HEALTHO SCENT CE	12/	3. Date of Earliest Transaction (Month/Day/Year) 12/12/2012									X Officer (give title Other (specify below) President							
(Street) FRANKLIN TN 37067 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line]	Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Oily)		, ,		n-Deriv	ative	Sec	uritie	s Ac	guired	. Dis	posed o	f. or E	Benefi	ciall	v Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)						tion 2A. Deemed Execution Date,			3. 4. Securiti Transaction Disposed Code (Instr. 5)		es Acquired (A) o Of (D) (Instr. 3, 4		or 5. Amou and Securiti Benefic		unt of es ially Following	Form	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D) Pri		се	Transac (Instr. 3	tion(s)			(111501.4)
Common Stock 12/12/20							.012		S		70,337	Г	\$	21.6	63,783		D		
Common Stock															236,925(1)			T I	See Footnote ⁽²⁾
		Та									osed of, onvertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	re (Month/Day/Year) if any (Month/Day/Year) any (Month/Day/Year) Code (Instr. 8) Derivative Acquirer (A) or Disposer of (D) (Instr. 3, and 5)		rative rities ired r osed)	6. Date I Expirati (Month/II) Date Exercise	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		3 nt	Reporter Transact (Instr. 4)		y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)						

Explanation of Responses:

- 1. Mr. Turner expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- 2. By the William Brent Turner 2011 Grantor Retained Annuity Trust.

Remarks

In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., the reporting person entered into a stockholders agreement with Acadia and certain other stockholders. As a result, he may deemed to be a part of a "group" with such other stockholders. To the extent the reporting person is deemed a member of a group, he disclaims beneficial ownership of shares owned by other members of the group.

<u>/s/ Brent Turner</u> <u>12/14/2012</u>

** 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.