FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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ONB APPROVAL											
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

1. Name and Address of Reporting Person* <u>Harrod Laurence L.</u>					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									all app Direc	onship of Reportinall applicable) Director		10% O	vner	
(Last) 6100 TO	(Fir	rst) (M	//iddle)		3. Date of Earliest Transaction (Month/Day/Year) 03/24/2023								X	below	,	Other (spec below) f Finance		specify	
(Street)			7067		4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indivine)	Form Form	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St		Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		Transaction Disposed O Code (Instr. 5)		ties Acquired (A I Of (D) (Instr. 3,		3, 4 and S		5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	mount (A) or (D)		,	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Common Stock 03/24/2			2023		F		2,600	D	\$69	.44	.44 217,008			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)	tive Conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, (Month/Day/Year) Month/Day/Year Execution Date, if any (Month/Day/Year) S		4. Transa Code (8)	Instr.	5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instrand 5	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount or Numb of Title Share		unt ber		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:

Remarks:

/s/ Christopher L. Howard as
Attorney in Fact for Laurence 03/27/2023
L. Harrod

** 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.