#### FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

washington,	D.C.	2054

wasnington, D.C. 20549	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-028	

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*						2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]										olicable)	g Person(s) to I		
ACADIA HEALTHCARE COMPANY, INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/06/2015									Officer (give title below)		Other below	(specify )		
830 CRESCENT CENTRE DRIVE, SUITE 610				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) FRANKI	LIN TI	<b>N</b> 3	37067													X Form filed by One Reporting Person  Form filed by More than One Reporting Person			
(City)	(St	ate) (	Zip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution Date,		·	3. Transaction Code (Instr. 8)  4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and					d 5) Secui Bene		ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Trans	action(s) 3 and 4)		(Instr. 4)		
Common Stock 03			03/06/20	)15				S		1,000	D	\$67.52	5234(1)		9,255	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	Date (Month/Day/Year)	Execu	Execution Date, if any		I. Fransaction Code (Instr. S)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		te Exer ration D ith/Day/		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$67.4901 to \$67.5500, inclusive. The reporting person undertakes to provide to Acadia Healthcare Company, Inc. (Acadia), any security holder of Acadia, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

### Remarks:

/s/ Christopher L. Howard as Attorney in Fact for William

03/10/2015

M. Petrie

\*\* Signature of Reporting Person Date

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.