FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGE

	OMB APPRO	OVAL			
3 IN DENEFICIAL OWNERSHIP	OMB Number:	3235-0287			
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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

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1. Name and Address of Reporting Person* SWINSON ROBERT WALTON					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>5WIN5</u>	<u>ON ROB</u>	ERI WALIC	<u>JIN</u>				11100			<u> </u>	<u> </u>	[110		'	Dire	ector	7	10% C	wner
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC.				3. Date of Earliest Transaction (Month/Day/Year) 12/08/2014									Offi bel	cer (give title ow)		Other below)	(specify		
830 CRESCENT CENTRE DRIVE, SUITE 610					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) FRANKI	IN TN	1 3	37067		Line) X Form filed by One Repor Form filed by More than the Person						•								
(City)	(St	ate) (Zip)																
		Tabl	e I - Nor	n-Deriva	tive	Se	curitie	s Acc	uired,	Dis	posed o	f, or	Ben	eficia	ally Owr	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D			Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		ities Acquired (A d Of (D) (Instr. 3,			nd Secu Bene Own	5. Amount of Securities Beneficially Owned Following		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
										v	Amount (A) or (D)		Price	Tran	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock			12/08/	2014				S		2,500		D	\$64	.25	86,611	D		
		Та									sed of, onvertib				y Owne	d			
L. Title of Derivative Security Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, T	Code (In			ative rities ired osed	6. Date E Expiratio (Month/E	n Date		7. Title and Amount of Securities Underlying Derivative Security (Ins and 4)		ı	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	(((10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
										- 1			or	mher					

Explanation of Responses:

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.

Date Exercisable

Expiration Date

12/10/2014 /s/ Robert Walton Swinson

** Signature of Reporting Person Date

of Shares

Title

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).

Code V

(A) (D)

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.