FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OWR APPRO	VAL
	OMB Number:	3235-0287
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l	hours per response:	0.5

	Check this box if no longer subject to
_	Section 16. Form 4 or Form 5
J	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 an	2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]												o of Reportin olicable) ctor	g Pers	. ,					
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC.							3. Date of Earliest Transaction (Month/Day/Year) 03/29/2016										er (give title v)		Other (below)	specify
6100 TOWER CIRCLE, SUITE 1000 (Street) FRANKLIN TN 37067					4. If Amendment, Date of Original Filed (Month/Day/Year)										. Indivi ine) X					
(City)	(St		Zip)	Dorive	*****					Die		• •	v Don	ofici.	alls (d			
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ction 2A. Deemed Execution Date,			3. 4. Securities Disposed Of Code (Instr. 5)			ties Acquired (A) of (D) (Instr. 3, 4			or 5. And Secular Secu		mount of curities deficially		nership: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common	/2016			F		198		(D)			(Instr. 3 and 4) 47,511			D						
		Та	ble II - D								sed of, onvertib				y Ov	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date, Transaction Code (Ins					6. Date E Expiratio (Month/D	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	wnership orm: irect (D) r Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	or Nui of	nber						

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.

/s/ Christopher L. Howard as
Attorney in Fact for Fred 03/31/2016
Thomas Dodd, Jr.

** 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.