FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	.C. 20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPR	OVAL							
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

TURNE	R BREN		(Middle)		<u>Ac</u>	adia	Name and Ticker or Trading Symbol a Healthcare Company, Inc. [ACHC]] (Ch	Relationship of eck all applications Director X Officer below)	cable) or (give title	X	10% C	Owner (specify
	HEALTH	rst) CARE COMPAI ENTRE DRIVE,	-		3. Date of Earliest Transaction (Month/Day/Year) 02/27/2014								Belowy		esident			
(Street)	IN TI	1	37067		4. If								Line	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(St		(Zip)	na Dania				- 4				f a., Da		h. O	•			
1. Title of Se	ecurity (Inst		ne i - No	2. Transa		2A	. Deeme	d	3.		4. Securitie	s Acquired	(A) or	5. Amoun	t of			7. Nature of
		·		Date (Month/Da			Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		Disposed C 5)	of (D) (Instr.	3, 4 and	Securities Beneficial Owned Fo	lly	Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect tr. 4)	Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transaction (Instr. 3 ar	on(s) nd 4)	(1)		(Instr. 4)
Common Stock 02/27/			02/27/	2014				A		5,172(1)	A	\$0.00	84,4	148		D		
Common Stock 02/27/2			2014	2014					5,000(2)	A	\$0.00	89,448		D				
Common Stock 02/2			02/27/	/2014				A		6,429(3)	A	\$0.00	95,8	95,877		D		
Common Stock 02/27/2			2014				F		3,586	D	\$50.79	92,2	291		D			
Common Stock										206,252 ⁽⁴⁾		I		See Footnote ⁽⁵⁾				
		-	Table II								osed of, convertib			Owned				
Derivative (Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) ce of rivative		3A. Deemed Execution Date, if any (Month/Day/Year)		ction nstr.	5. Number 6		6. Date Exercisable and Expiration Date (Month/Day/Year)		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng ed etion(s)	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal	ble	Expiration Date	Title	Amount or Number of Shares					
Employee Stock Option (right to buy)	\$50.75	02/27/2014			A		9,091		02/27/201	15 ⁽⁶⁾	02/27/2024	Common Stock	9,091	\$0.00	9,09	91	D	

Explanation of Responses:

- 1. Shares will vest over a 4-year period in equal yerly installments beginning February 27, 2015.
- $2. \ Shares \ received \ upon \ vesting \ of \ performance \ vesting \ restricked \ stock \ units \ awarded \ on \ March \ 29, \ 2013.$
- 3. Shares received upon vesting of performance vesting restricked stock units awarded on March 19, 2012.
- 4. Mr. Turner expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therin.
- 5. By the Elizabeth Grace Turner 2011 Vested Trust and the William Jesse Turner 2011 Vested Trust.
- 6. The options will vest over a 4-year period in equal yearly installments beginning February 27, 2015.

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 Brent 03/03/2014 **Turner**

** 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.