Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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	STATEMENT OF CHANGES IN BENEFICIAL	<b>OWNERSHIP</b>
to Section 16. Form 4 or Form 5		
obligations may continue. See		

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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*  Bernhard Jason					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]										ck all app	,	ng Per	son(s) to Is	
(Last) 6100 TO	`	irst) (I	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/06/2021									Office below	er (give title v)	e Other (sp below)		specify
(Street) FRANK			7067 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc Line)	Form	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficial	ly Own	ed			
Date			2. Transac Date (Month/Da	Execution Date,		3. 4. Securities Acqui Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In				Securit Benefic Owned	Amount of curities neficially ned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	ount (A) or (D)		rice	Transa	Reported Transaction(s) Instr. 3 and 4)			(Instr. 4)
Common Stock 05			05/06/2	′2021				A		2,550(1)	) A \$0		\$0.00	13,904			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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			ansaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form:	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Numi of Share						

## **Explanation of Responses:**

1. Shares will vest over a 3-year period in equal annual installments beginning May 6, 2022.

## Remarks:

/s/ Christopher L. Howard as

Attorney in Fact for Jason

**Bernhard** 

\*\* Signature of Reporting Person Date

05/07/2021

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.