FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* TURNER BRENT						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owne V Officer (give title Other (spe				Owner	
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000						3. Date of Earliest Transaction (Month/Day/Year) 08/06/2015									below)	Pro	esiden	belov		
(Street) FRANKLIN TN 37067 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year) tive Securities Acquired, Disposed of, or Benefic									Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea					on Year)	2A. Deemed Execution Date,			3.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Transacti (Instr. 3 a	ion(s)				
Common Stock 08/06/2015					15	5		M ⁽¹⁾		7,588	A	\$15.	96	53,3	3,398		D			
Common Stock 08/06/20				15	.5			M ⁽¹⁾		6,675	A	\$29.	29.39 6		073		D			
Common Stock 08/06/2015				15	5			S ⁽¹⁾		16,752	D	\$82.84	32.8479 ⁽²⁾		3,321		D			
Common Stock																206,252(3)		I	See Footnote ⁽⁴⁾	
		1	able								sposed of				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)			5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed	Expi	ate Exe ration I nth/Day			nt of ties ying tive Secu		3. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followin Reporter Transact (Instr. 4)	ve es ally ng d tion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amo or Num of Shar	ber						
Stock Option	\$15.96	08/06/2015			M ⁽¹⁾	1(1) 7,58		7,588	3 03/19/2015		03/19/2022	Comm Stock		88	\$0.00	7,59	91	D		
Stock Option	\$29.39	08/06/2015			M ⁽¹⁾		П	6,675	03/2	9/2015	03/29/2023	Comm		75	\$0.00	13,3	50	D		

Explanation of Responses:

- 1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on June 16, 2015.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$81.60 to \$84.20, 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.
- 3. Mr. Turner expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- 4. By the Elizabeth Grace Turner 2011 Vested Trust and the William Jesse Turner 2011 Vested Trust.

Remarks:

The reporting person is party to a stockholders agreement with Acadia Healthcare Company, Inc. ("Acadia") and certain other stockholders. As a result, he may be 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

08/07/2015

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.