FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

washington, D.C. 20549

CTATEMENIT	OF CHANCES	IN BENEFICIAL	OWNEDCHID
STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL								
l	OMB Number: 3235-028								
l	Estimated average burd	len							
	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

Name and Address of Reporting Person* Petrie William M					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]										all app	onship of Reporting F Il applicable) Director		Person(s) to Issuer 10% Owner			
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/03/2018											Office below	icer (give title ow)		Other (specify below)		
6100 TOWER CIRCLE, SUITE 1000					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) FRANKLIN TN 37067														X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (Zip)																		
		Tabl	e I - Nor	n-Deriva	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Ben	efici	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 5		Disposed	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Secu Bene Own		urities F eficially (vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount		(A) or (D) Price		Transact		ction(s)			(
Common Stock 05/03					3/2018				A		4,125(1) A \$0		21,364		1,364		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)	Title of Derivative Security Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year)			ransaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	ıt		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	G F D (I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
										Exercisable Date		Title Shares		ıres							

Explanation of Responses:

1. Shares will vest over a 3-year period in equal annual installments beginning May 3, 2019.

Remarks:

/s/ Christopher L. Howard as Attorney in Fact for William

05/04/2018

M. Petrie

** 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.