SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL OMB Number: 3235-0287

hours per response:	0.5
Estimated average burden	
Estimated average burden	

1. Nume and Address of Reporting Letson		son*	2. Issuer Name and Ticker or Trading Symbol <u>Acadia Healthcare Company, Inc.</u> [ACHC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
	(3. Date of Earliest Transaction (Month/Day/Year) 02/24/2016	x	Officer (give title below) Chief Financia	Other (specify below) al Officer			
(Street) FRANKLIN (City)	TN (State)	37067 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Fili Form filed by One Re Form filed by More th Person	porting Person			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code 8)		Disposed Of (D) (Instr. 3, 4 and 5)			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	Transaction(s) (Instr. 3 and 4)		(1150.4)	
Common Stock	02/24/2016		A		4,866 ⁽¹⁾	A	\$0.00	25,504	D		
Common Stock	02/24/2016		A		2,095(2)	A	\$0.00	27,599	D		
Common Stock	02/24/2016		A		3,284 ⁽³⁾	A	\$0.00	30,883	D		
Common Stock	02/24/2016		A		3,600 ⁽⁴⁾	A	\$0.00	34,483	D		
Common Stock	02/24/2016		F		4,004	D	\$55.84	30,479	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Expiration Derivative Securities Acquired (A) or Disposed of (D)		of Derivative Securities Acquired (A) or Disposed		of Derivative Securities Acquired (A) or Disposed of (D)		of Expiration Date Derivative (Month/Day/Year) Securities Acquired (A) or Disposed		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	v	Dispo	osed) . 3, 4	Date Expiration Exercisable Date		and 4) Amount or Number				(I) (Instr. 4)					

Explanation of Responses:

1. Shares received upon vesting of performance vesting restricted stock units awarded on February 24, 2015.

2. Shares received upon vesting of performance vesting restricted stock units awarded on February 26, 2015.

3. Shares received upon vesting of performance vesting restricted stock units awarded on February 27, 2014.

4. Shares received upon vesting of performance vesting restricted stock units awarded on March 29, 2013.

Remarks:

/s/ Christopher L. Howard as Attorney in Fact for David M. Duckworth

02/26/2016

** 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.