SEC Form 4

FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287							
Estimated average burden								
hours per response	: 0.5							

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	ļ.	hours per response:	
	or Section 30(h) of the Investment Company Act of 1940			
1. Name and Address of Reporting Person [*] Howard Christopher L	2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]	(Check all applica	Reporting Person(s) to Issuer ble)	
<u>Howard Chinstopher L</u>	<u></u>	Director	10% Owner	
(Last) (First) (Middle) 6100 TOWER CIRCLE, SUITE 1000	3. Date of Earliest Transaction (Month/Day/Year) 03/24/2022	below)	give title Other (speci below) P, GC and Secretary	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

rector 10% Owner fficer (give title Other (specify below) (wole EVP, GC and Secretary 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable (Street) Line) FRANKLIN TN 37067 X Form filed by One Reporting Person Form filed by More than One Reporting Person (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 2A. Deemed Execution Date, if any (Month/Day/Year) 2. Transaction Date 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5. Amount of Securities 6. Ownership Form: Direct 7. Nature of Indirect 1. Title of Security (Instr. 3) 3. Transaction (Month/Day/Year) Beneficially (D) or Indirect (I) (Instr. 4) Beneficial Code (Instr. 5) 8) Owned Following Ownership (Instr. 4) Reported (A) or (D) Transaction(s) (Instr. 3 and 4) Code v Amount Price **G**⁽¹⁾ Common Stock 03/03/2022 v 8,003 A \$0.00 161,706 D F Common Stock 03/24/2022 2,732 D \$64.48 158,974 D See **G**⁽¹⁾ 03/03/2022 v 8,003 \$0.00 85,613(2) Common Stock D T Footnote⁽³⁾

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		6. Date Exerc Expiration Da (Month/Day/Y	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) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. This transaction involved a gift of 8,003 shares by the Christopher L. Howard Family 2017 Grantor Retained Annuity Trust to the reporting person.

2. Mr. Howard expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.

3. Includes 25,613 shares held by the Christopher L. Howard Family 2017 Grantor Retained Annuity Trust, 25,613 shares held by the Angie Parrott Howard Family 2017 Grantor Retained Annuity Trust and 34,387 shares held by the reporting person's spouse.

Remarks:

03/25/2022 /s/ Christopher L. Howard

** 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.