FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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

							()															
1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Miquelon Wade D					1110	readia Teatareare Company, Inc. [ACITE]									X	Direc	ctor		10% C	wner		
(Last) (First) (Middle) 108 WILMOT ROAD					3. Date of Earliest Transaction (Month/Day/Year) 05/22/2014											Office	ficer (give title low)		Other (specify below)			
(Street) DEERFII	treet) EERFIELD IL 60015				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Indiv ne) X	,						
(City) (State) (Zip)															r erson							
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally	Owne	ed					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		Disposed	ities Acquired (A) d Of (D) (Instr. 3,			nd	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)				(11341. 4)		
Common	Stock			05/22	2/2014				A		2,361	1)	A	\$ <mark>0</mark> .	00	1	7,534		D			
		Та									sed of, onvertib				y Ov	vned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Date,	4. Transa Code (8)				6. Date E Expiratio (Month/D	n Date	e ar)	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe		ount			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	wnership orm: irect (D) r Indirect	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	 Title	of Sha	res								

Explanation of Responses:

1. The shares will vest in three equal annual installments beginning May 22, 2015.

Remarks:

/s/ Christopher L. Howard as Attorney in Fact for Wade D. 05/22/2014 Miguelon

** 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.