FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

ct to	STATEMENT	OF	CHA
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ATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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* PRINCE KAREN MARIE						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% Owner					
		CARE COMPAN				3. Date of Earliest Transaction (Month/Day/Year) 04/25/2013										Office below	er (give title /)		Other (below)	specify
830 CRESCENT CENTRE DRIVE, SUITE 63 (Street) FRANKLIN TN 37067			510	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St		Zip)																	
		Tabl	e I - Noi	n-Deriv	ative	Se	curiti	es Ac	quired	l, Dis	sposed o	of, o	r Ben	efici	ally O	wne	d			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Dat		on Date,	r, Transaction Dispos Code (Instr. 5)		Disposed	rities Acquired (A) ed Of (D) (Instr. 3, 4			nd S	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	Trans		saction(s) . 3 and 4)			(11341.4)
Common Stock 0					/2013				S		10,00	00 D \$		\$31	1.42 178,326		8,326		D	
Common Stock 0				04/26	1/26/2013				S		10,000 D		D	\$3	31.6 1		168,326		D	
		Та									osed of, convertib					ned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)					9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	Ownership Form:	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nui of	ount mber ares						

Explanation of Responses:

Remarks:

In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., the reporting person entered into a stockholders agreement with Acadia and certain other stockholders. As a result, she may 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, she disclaims beneficial ownership of shares owned by other members of the group.

/s/ Karen Marie Prince 04/29/2013

** 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.