FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL							
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

Name and Address of Reporting Person*     Howard Christopher L						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]										all app		g Pers	10% C	owner
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610							3. Date of Earliest Transaction (Month/Day/Year) 12/12/2012									X Officer (give title Other (speci below)  EVP, GC and Secretary				
(Street) FRANKLIN TN 37067  (City) (State) (Zip)					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					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date			3. Transa Code ( 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					Securities Beneficially		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)				(111341.4)		
Common Stock 12/12/									S		58,49	0	D	\$21.6		251,895			D	
		Та									sed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)	tive conversion or Exercise (Month/Day/Year) 3) Price of Derivative Security Execution Date, if any (Month/Day/Year)			4. Transaction Code (Instr. 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Date Exercisable and Expiration Date Expiration  Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares			nt er				O. Ownership Form: Direct (D) or Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **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, he 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, he disclaims beneficial ownership of shares owned by other members of the group.

/s/ Christopher L. Howard 12/14/2012

\*\* 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.