FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

OMB Number:	3235-0287
Estimated average b	ourden
hours por 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*  GRIECO WILLIAM						2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]										all app Direc	olicable) ctor	g Persor	Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/02/2019											fficer (give title elow)		Other (specify below)		
6100 TOWER CIRCLE, SUITE 1000				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) FRANKI	LIN TI	N 3	37067												X Form filed by One Reporting Person  Form filed by More than One Reporting Person					
(City)	(St	ate) (	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispo		n Disposed	urities Acquired (A) led Of (D) (Instr. 3,			4 and Se		Securities I Beneficially (		rship irect direct . 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	· v	Amount		(A) or (D) Pri		•	Transaction(s) (Instr. 3 and 4)				(	
Common Stock 05				05/02	05/02/2019				A		4,943	(1) A \$		\$0.	0.00		1,349	Г	)	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security (Instr. 3)  Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)			substantian de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed ) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Number of Shares		ount nber			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owr Forr Dire or Ir (I) (I	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

1. Shares will vest over a 3-year period in equal annual installments beginning May 2, 2020.

## Remarks:

/s/ Christopher L. Howard as

05/06/2019 Attorney in Fact for William

Grieco

\*\* Signature of Reporting Person

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.