FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CH
obligations may continue. See Instruction 1(b).	Filed pursuant to Se
	or Section 30

IANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>JACOBS JOEY A</u>						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]] (Ch	elationship of a control of the cont	,		son(s) to Issuer 10% Owner		
(Last) 6100 TO	`	irst) CLE, SUITE 100	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/07/2019								Officer below)	(give title	9	Other below	(specify	
(Street) FRANK		tate)	37067 (Zip)	on-Deri	-									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Trai			2. Trans	Transaction		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securiti	es Acquired Of (D) (Instr	l (A) or	5. Amount of		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) or (D)							Price
Common	Stock			03/07	7/2019)			M		18,315	A	\$15.96	5.96 266,388 D					
Common Stock											267,649 ⁽¹⁾				See Footnote ⁽²⁾				
		-	Table II -								osed of, converti			Owned		,	,	•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/Da	Date,		Transaction Code (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)		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. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares						
Employee Stock Options (right to	\$15.96	03/07/2019			M	М		18,315		03/19/20)14	03/16/2019	Common Stock	18,315	\$0.00			D	

Explanation of Responses:

- 1. Mr. Jacobs expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- $2. \ By \ the \ Jeremy \ Brent \ Jacobs \ GST \ Non-Exempt \ u/a/d \ 04/26/2011 \ and \ Scott \ Douglas \ Jacobs \ GST \ Non-Exempt \ Trust \ u/a/d \ 04/26/2011.$

Remarks:

/s/ Christopher L. Howard as Attorney in Fact for Joey A.

03/08/2019

Jacobs

** 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.