FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPF | 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 Add | lress of Reporting | AS JR | 2. Date of Event Requiring Staten (Month/Day/Year 11/01/2011 | nent | 3. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC] | | | | | | |
|---|--------------------|---------------|---|--------------------------------|---|--|---------------|---|---|--|--|
| (Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. | | | | | 4. Relationship of Reporting Perso (Check all applicable) Director X | 10% Owne | r (Mo | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| 830 CRESCE 610 | NT CENTRE I | DRIVE, SUITE | | | Officer (give title below) | Other (specify below) | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | |
| (Street) FRANKLIN | TN | 37067 | | | | | | Form filed b Reporting P | y More than One erson | | |
| (City) | (State) | (Zip) | | | | | | | | | |
| | | | Table I - Non | -Derivati | ve Securities Beneficially | Owned | | | | | |
| | | | 14510 1 11011 | i-Derivati | ve Securities Deficition | Ownea | | | | | |
| 1. Title of Securi | ity (Instr. 4) | | | 2. | Amount of Securities eneficially Owned (Instr. 4) | 3. Ownersh Form: Direct or Indirect ((Instr. 5) | t (D) (Inst | | Beneficial Ownership | | |
| Title of Securi Common stock | | | | 2. | Amount of Securities eneficially Owned (Instr. 4) | 3. Ownersh Form: Direct or Indirect (| t (D) (Inst | | Beneficial Ownership | | |
| | | .01 per share | Table II - D | 2. Be | Amount of Securities eneficially Owned (Instr. 4) | 3. Ownersh Form: Direct or Indirect ((Instr. 5) | t (D) (Inst | | Beneficial Ownership | | |
| | s, par value \$0. | .01 per share | Table II - D | 2. Berivative Is, warrar | Amount of Securities eneficially Owned (Instr. 4) 102,499 Securities Beneficially C | 3. Ownersh Form: Direc or Indirect ((Instr. 5) D Dwned securities | t (D) (Inst | 5. | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |

Explanation of Responses:

Remarks:

In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., Mr. Dodd 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 Mr. Dodd is deemed a member of a group, he disclaims beneficial ownership of shares owned by other members of the group.

/s/ Fred T. Dodd

11/01/2011

** 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 5 (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.