FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

9

STATEMENT	OF CHANGES IN	BENEFICIAL	OWNERSHIP

OMB Number: 3235-0287
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OMB APPROVAL

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* DODD FRED THOMAS JR					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)wner	
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC.				3. Date of Earliest Transaction (Month/Day/Year) 05/07/2015										Officer (give title below)		Other below)	(specify		
830 CRESCENT CENTRE DRIVE, SUITE 610 (Street) FRANKLIN TN 37067			610	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								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	ate) (Zip)																
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quirec	l, Di	sposed o	f, or E	Benefic	ially (Owne	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Instr. 8)				Beneficiall		ities icially d Following	Form:	Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) o (D)	Price			action(s) 3 and 4)			,
Common Stock 05/07/2				2015				S		545	D	\$66.5	5.5596		1,335		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		on Date,	4. 5. Ori Cransaction Code (Instr. 8) S. A. (A. Cransaction Code (Instr. 8) S. Cransaction		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed			ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		vnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

Remarks:

The reporting person is party to a stockholders agreement with Acadia Healthcare Company, Inc. ("Acadia") and certain other stockholders. As a result, he may be 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 as Attorney in Fact for Fred

Thomas Dodd, Jr.

05/11/2015

** 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.