FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APP	ROVAL							
	OMB Number:	3235-0287							
	Estimated average burden								
1	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* Howard Christopher L					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Troward Christopher L						1 7,7 - 1										Direc	ctor	X	X 10% C		
(Last)	(Fi	rst) (I	Middle)		3. D	Date of Earliest Transaction (Month/Day/Year)							\dashv	X	Office belov	er (give title v)		Other below)	(specify		
ACADIA HEALTHCARE COMPANY, INC.					03/	03/29/2014								EVP, GC and Secretary							
830 CRESCENT CENTRE DRIVE, SUITE 610																					
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) FRANKI	IN T	N 3	7067												X Form filed by One Reporting Person					on	
														Form filed by More than One Reporting Person					orting		
(City)	(St	ate) (2	Zip)																		
		Tabl	e I - Nor	า-Deriva	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, o	r Ben	eficia	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed Of Code (Instr. 5)		ies Acquired (A) Of (D) (Instr. 3, 4			4 and Se Be Ov		Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock 03/29					03/29/2014				F		369	D \$		\$44	.53	247,069			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)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year) if any (Code (Month/Day/Year) 8)			Transa Code (nsaction of I			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Evercisa		Expiration	Titl	or Nur of	ount							

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.

> 04/01/2014 /s/ Christopher L. Howard

** 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.