FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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									
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Duckworth David M.</u>					AC									'	J.1.0 01.	Direc	,	10%	Owner	
-					-									_	X	Offic	er (give title	Other below	(specify	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									Chief Financial Officer		')			
830 CRESCENT CENTRE DRIVE				03/	03/19/2014										Cilici i ilia	neiai Officei				
SUITE 610					$\vdash$									_						
					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														٦	X	Forn	n filed by One	e Reporting Per	son	
FRANKI	IN T	<b>N</b> 3	37067														•	re than One Re		
-					٠											Pers				
(City)	(S	tate) (	Zip)																	
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, oı	r Ben	efici	ally (	Owne	ed			
1. Title of S	Security (Ins	tr. 3)		2. Trans	action				3.						4 and Secur Benef		ount of	6. Ownership Form: Direct	7. Nature of Indirect Beneficial	
				(Month/I	Day/Yea			Transaction Disposed Of (D) (Instr. Code (Instr. 5)			. s, 4 a	icially	(D) or Indirect							
						(Month/Day/Yea		ay/Year)	8)					Repo			(I) (Instr. 4)	Ownership (Instr. 4)		
										۱v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				
Common Stock 03/19/					9/2014				F		340		D \$47		29,161		D			
		Ta	hle II - I	Derivat	ive S	ecn	rities	Δcaui	ired D	isno	sed of,	or P	Renefi	iciall	v Ov	vned			•	
											onvertib				,					
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deem		4. Transaction				6. Date Exercisable Expiration Date							ice of	9. Number o	f 10. Ownership	11. Nature of Indirect	
Security	or Exercise	(Month/Day/Year)	if any		Code (I		Deriv	Derivative (		(Month/Day/Year)			Securities		Security (Instr. 5)		Securities Beneficially	Form: Direct (D)	Beneficial	
(Instr. 3) Price of (Month/Day Derivative				ay/Year)   8)			Securities Acquired		D			Deri	Underlying Derivative		(IIISII. 5)		Owned	or Indirect	Ownership (Instr. 4)	
Security					(A) or Security (Instr. Disposed and 4)						istr. 3	Reported			(I) (Instr. 4)					
							of (D) (Instr. 3, 4										Transaction(s) (Instr. 4)	(s)		
				ļ	and 5)															
													Am or	ount						
							Date		Expiration			mber								
					Code	v	(A)	(D)	Exercisa		Date	Title		ares						

**Explanation of Responses:** 

Remarks:

/s/ Christopher L. Howard as Attorney in Fact for David M. 03/21/2014 Duckworth

\*\* Signature of Reporting Person Date

ndirectly.

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.