Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | 01.50 | | vestment con | inparty Act of 1940 | | | | | | | |
|--|--|-----------------------|----------------|---|-------------------|---|---|--------------------------------------|------------------------------|---------------|--|--|--|
| 1. Name and Address of Reporting Person* | | | | uer Name and Tick dia Healthcar | 0 | Symbol ny, Inc. [ACHC] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Bernhard Jason | | | | | <u> </u> | <u></u> [] | X | Director | 10% 0 | Dwner | | | |
| (Last) 6100 TOWER | (First) CIRCLE, SU | (Middle) JITE 1000 | | te of Earliest Transa 9/2022 | action (Month/ | Day/Year) | | Officer (give title below) | Other below | (specify) | | | |
| | | | | mendment, Date of | f Original Filed | l (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) FRANKLIN | TN | 37067 | | | | | Line) X | Form filed by On Form filed by Mo | 1 0 | | | | |
| (City) | (State) | (Zip) | | | | | | Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Securit | ty (Instr. 3) | | 2. Transaction | 2A. Deemed Execution Date. | 3. Transaction | 4. Securities Acquired (A Disposed Of (D) (Instr. 3. | | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature | | | |

| | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Transa Code (8) | | Disposed Of (D) (Instr. 3, 4 and 5) | | | | (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership (Instr. 4) |
|--------------|--------------------------|---|------------------------|---|--|---------------|--------|------------------------------------|-----------------------------------|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 05/19/2022 | | Α | | 2,303 ⁽¹⁾ | Α | \$0.00 | 16,207 | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv | r osed) r. 3, 4 | Expiration Date (Month/Day/Year) ed sed 3, 4 | | iration Date Amount of nth/Day/Year) Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Shares will vest over a 3-year period in equal annual installments beginning May 19, 2023.

Remarks:

/s/ Christopher L. Howard as

Attorney in Fact for Jason

Bernhard

05/20/2022

** 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.