## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/19
wasiiiiiqtoii,	D.C.	20349

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

Name and Address of Reporting Person*     GRIECO WILLIAM						2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]										all applicable) Director		ng Perso	p Person(s) to Issuer  10% Owner	
		rst) (	Middle)			3. Date of Earliest Transaction (Month/Day/Year)  03/01/2012  Officer (give title below)  below)														
SUITE 6	10				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FRANKI	IN TN	N 3	37067									X	X Form filed by One Reporting Person  Form filed by More than One Reporting Person							
(City)	(St	ate) (	Zip)																	
		Tabl	e I - Non	-Deriv	ative	Se	curitie	s Acc	uired,	Disp	posed o	f, or	Bene	ficia	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		Disposed	ties Acquired (A) I Of (D) (Instr. 3,				Securities I Beneficially (		Form: (D) or	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price	,	Transaction(s) (Instr. 3 and 4)				()
Common	Stock			03/01	1/2012	2			A		7,148(	1)	A	\$0 47,648 D						
		Та	ble II - D (e						,	•	sed of, onvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Yo	Date,	Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	Deriv Secu (Inst	vative urity ir. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	\v	(A)	(D)	Date Exercisal		Expiration Date	Title	of Sha	res						

## **Explanation of Responses:**

1. The shares will vest in three equal annual installments beginning March 1, 2013.

/s/ William Grieco

03/02/2012

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.