FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden 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

Name and Address of Reporting Person* Neighbours David O.						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									heck all app	onship of Reporting F all applicable) Director		Person(s) to Issuer 10% Owner	
(Last) (First) (Middle) WAUD CAPITAL PARTNERS, L.L.C.					3. Date of Earliest Transaction (Month/Day/Year) 04/30/2013									Offic belov	er (give title w)		Other (specify below)		
300 N. LASALLE STREET, SUITE 4900 (Street) CHICAGO IL 60654 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Forn Forn	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Trans Date (Month)					saction	ar)	2A. Deen Executio if any	A. Deemed execution Date, f any Month/Day/Year)				ities Acquired (A) d Of (D) (Instr. 3, 4			5. Amo Securi Benefi	ount of ties cially I Following	6. Owner Form: Di (D) or Ind (I) (Instr.	rect direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	(A (C	A) or D) Price		Transa	Transaction(s) (Instr. 3 and 4)			(msu. 4)			
Common stock, par value \$0.01 per share 04/30					0/2013						4,100)	D	\$0) [2,050			
Common stock, par value \$0.01 per share 04/30					/30/2013						2,050)	D	\$0)	0			
	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. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		1 of I		Expiration	5. Date Exercisable and Expiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir	ership i: ct (D) direct istr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amor or Numl of Share	oer					

Explanation of Responses:

- 1. Represents shares previously issued to Mr. Neighbours for the benefit of Waud Capital Partners, L.L.C. ("WCP LLC") which were cancelled in connection with Mr. Neighbour's departure from the Acadia Healthcare Company, Inc. board of directors (the "Acadia Board") effective April 30, 2013.
- 2. Represents shares previously issued to Mr. Neighbour's departure from the Acadia Board effective April 30, 2013.

07/17/2013 /s/ David O. Neighbours

** Signature of Reporting Person

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.