### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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:	3235-0287								
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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 <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]									tionship all appli Directo	cable)	g Pers	son(s) to Iss		
	(Fi A HEALTH ESCENT CE		3. Date of Earliest Transaction (Month/Day/Year) 05/01/2014								X	below)	(give title VP, GC a	nd Se	Other (s below) ecretary	specify				
(Street) FRANKLIN TN 37067  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								Line) X	·					
			le I - I							ed, D	isposed o	-		ially						
1. Title of Security (Instr. 3)				2. Transact Date (Month/Day	-	2A. Deemed Execution I if any (Month/Day		Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			d 5) Secu Bend Own		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock (				05/01/2	014				S <sup>(1)</sup>		9,068(2)	D	\$40.6	679	238	238,001		D		
Common Stock 05/02/				05/02/2	014				M <sup>(1)</sup>		6,464	A	\$15	5.96		4,465		D		
Common Stock 05/02/20				014	14			F <sup>(1)</sup>		3,996	D	\$41.46		240,469			D			
Common Stock 05/02/20				014	.4			S <sup>(1)</sup>		2,468	D	\$41.1078 <sup>(3)</sup>		238,001			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)	if any	eemed tion Date, n/Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e Exerc tion D h/Day/		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct ( or Indir (I) (Inst	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Share	ber						
Stock	\$15.96	05/02/2014			<b>M</b> <sup>(1)</sup>			6,464	03/19	/2014	03/19/2022	Commo	n 6,46	64	\$0.00	12,930		D		

# **Explanation of Responses:**

- 1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 14, 2014.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$40.0000 to \$41.7000, inclusive. The reporting person undertakes to provide to Acadia Healthcare Company, Inc. (Acadia), any security holder of Acadia, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (2) and (3) of the Form 4.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$41.0500 to \$41.9800, inclusive.

### 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.

> 05/05/2014 /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.