FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	UMB APPRO	JVAL
	OMB Number:	3235-0287
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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. Name and Address of Reporting Person* DODD FRED THOMAS JR						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last)	,	rst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/29/2013										Officer below)	(give title		Other (s below)	specify		
830 CRESCENT CENTRE DRIVE, SUITE 610					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable						
(Street) FRANK	LIN TI	N	37067												Line	X Form 1	iled by Mor		orting Perso n One Repo			
(City)	(S	tate)	(Zip)																			
		Tab	le I - Nor	n-Deri	vativ	e Se	curitie	s A	cqu	ired, D	isp	osed o	f, or	Ben	eficial	y Owned	ı					
1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action ZA. Deemed Execution Date, if any (Month/Day/Year)			Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a			Benefic Owned	es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership						
							ĺ	Code	,	Amount	Amount (A) or (D)		Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common Stock 03/29/					29/201	3				A		3,000	(1)	A	\$0	\$0 89,700			D			
		-	Table II -									sed of, onvertil				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)				Exp	6. Date Exercisal Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Own Form Director In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat Exe	e ercisable		xpiration ate	Title		Amount or Number of Shares							
Employee Stock Option (right to	\$29.39	03/29/2013			A		4,000		03/2	29/2014 ⁽²	0	3/29/2023	Comn		4,000	\$0	4,000)	D			

Explanation of Responses:

- 1. The shares will vest over a 4-year period in equal yearly installments beginning with March 29, 2014.
- 2. The options will vest over a 4-year period in equal yearly installments beginning with March 29, 2014.

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.

> /s/ Christopher L. Howard as Attorney in Fact for Fred Thomas Dodd, Jr.

04/02/2013

** 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.