SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

				UI Secti	011 30(11) 01	the Investment Company Act	01 19	40					
WAUD CAPITAL PARTNERS II,			2. Date of Event Requiring Statement (Month/Day/Year) 10/31/2011		3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Acadia Healthcare Company, Inc.</u> [ ACHC ]								
P			_			4. Relationship of Reporting Person(s) to Issuer					5. If Amendment, Date of Original Filed		
(Last)	(First)	(Middle)				(Check all applicable) Director X 10% Owner				(Month/Day/Year)			
WAUD CAPIT	FAL PARTNE	CRS, LLC				Officer (give title	Х	Other (spe					
300 N. LASAI	LLE STREET	, SUITE 4900							below)		6. Individual or Joint/Group Filing (Check Applicable Line)		
·			-									y One Reporting Person	
(Street) CHICAGO	IL	60654								X	Form filed b Reporting P	y More than One erson	
CHICAGO	IL	00054											
(City)	(State)	(Zip)											
			Та	able I - Nor	-Derivat	ive Securities Benefic	ciall	y Owned					
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)					
Common stock, par value \$0.01 per share					9,916,571					ld directly by Acadia Healthcare Idings, LLC			
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)													
,,,,			2. Date Exercisable an Expiration Date (Month/Day/Year)		d 3. Title and Amount of Securi Underlying Derivative Securi			4. Conve or Exe		5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
				(				Amount	Price of Deriva	of	Direct (D) or Indirect	(	
								or Number	Securi		(I) (Instr. 5)		
				Date Exercisable	Expiration Date	ו Title		of Shares					
1 Nome and Add	read of Departing	a Dereen <sup>*</sup>						1			ļ.	1	
1. Name and Add			TT C	-									
		<u>(11(L1(O 11</u> ,											
(Last)	(First)	(	Middle)										
WAUD CAPIT	TAL PARTNE	RS, LLC	-										
300 N. LASAI	LLE STREET	, SUITE 4900											
,													
(Street)													
CHICAGO	IL	(	60654										
(City)	(State)	(	Zip)										
1. Name and Add	ress of Reporting	g Person <sup>*</sup>			7								
WAUD CA	PITAL PAF	RTNERS											
MANAGEN	<u>MENT II, L</u>	<u>P.</u>											
(Last)	(First)	(	Middle)										
WAUD CAPI	. ,		/										
300 N. LASAI													
(Street)													
CHICAGO	IL	(	60654										
	(0+-+-)												
(City) (State) (Zip)				-									
1. Name and Address of Reporting Person* <u>WAUD CAPITAL PARTNERS II, L.P.</u>													
(Last)	(First)	(	Middle)										
WAUD CAPITAL PARTNERS, LLC					1								
300 N. LASALLE STREET, SUITE 4900													

,								
(Street) CHICAGO	IL	60654						
	IL	00034						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person*								
WAUD CAPITA	<u>WAUD CAPITAL PARTNERS QP II, L.P.</u>							
(Last)	(First)	(Middle)						
WAUD CAPITAL I	. ,	· · · ·						
300 N. LASALLE STREET, SUITE 4900								
(Street)								
CHICAGO	IL	60654						
(City)	(Stata)	(Zip)						
	(State)	(Zip)						
1. Name and Address o WCP FIF II (Ad								
(Last)	(First)	(Middle)						
WAUD CAPITAL I		· · · ·						
300 N. LASALLE S	STREET, SUITE 490	0						
(Street)								
CHICAGO	IL	60654						
(City)	(State)	(Zip)						
	<u> </u>	(Σιρ)						
1. Name and Address of Reporting Person* WAUD CAPITAL AFFILIATES II, L.L.C.								
(Last)	(First)	(Middle)						
WAUD CAPITAL I	PARTNERS, LLC STREET, SUITE 490	10						
	511LE1, 5011E 450							
(Street)								
CHICAGO	IL	60654						
(City)	(State)	(Zip)						
1. Name and Address o								
REEVE B. WAI	UD 2011 FAMIL	<u>Y TRUST</u>						
(Last)	(First)	(Middle)						
WAUD CAPITAL I	. ,							
300 N. LASALLE S	STREET, SUITE 490	0						
(Street)								
CHICAGO	IL	60654						
(City)	(State)	(Zip)						
1. Name and Address of Reporting Person* WAUD FAMILY PARTNERS, L.P.								
(Last)	(First)	(Middle)						
WAUD CAPITAL PARNTERS, LLC								
300 N. LASALLE S	STREET, SUITE 490	0						
(Street)								
CHICAGO	IL	60654						
(City)	(State)	(Zip)						
	(5000)	(						

## Explanation of Responses:

1. Reeve B. Waud is a member of the board of managers of Acadia Healthcare Holdings, LLC ("Holdings"). Mr. Waud is also the manager of Waud Capital Partners II, L.L.C. ("Waud II LLC") and a member of the limited partner committee of Waud Capital Partners Management II, L.P. ("WCPM II"). Waud II LLC is the general partner of WCPM II. WCPM II is the general partner of Waud Capital Partners II, L.P. ("WCP II"), Waud II LLC is the general partner of WCPM II. WCPM II is the general partner of Waud Capital Partners II, L.P. ("WCP II"), Waud II LLC is the general partner of WCPM II. WCPM II is the general partner of Waud Capital Partners II, L.P. ("WCP II"), Waud II LLC is the general partner of Waud Capital Partners II, L.L.C. ("Waud Affiliates II"). Mr. Waud is also the investment advisor of the Reeve B. Waud 2011 Family Trust (the "Waud Trust") and the general partner of Waud Family Partners, L.P. ("WFP LP"). As a result each of Waud II LLC, WCPM II, WCP II, Waud QP II, WCP FIF II, Waud Affiliates II, the Waud Trust and WFP LP may be deemed to share beneficial ownership of the reported securities.

2. Holdings will distribute shares of Acadia Healthcare Company, Inc. common stock to its members, which include certain of the reporting persons, in respect of their ownership interests prior to the merger of

Acadia Healthcare Company, Inc. and PHC, Inc. After such distribution, the reported shares will be owned of record as follows: (i) 2,646,915 shares by WCP II; (ii) 4,838,981 shares by Waud QP II; (iii) 738,513 shares by WCP FIF II; (iv) 756,365 shares by Waud Affiliates II; (v) 842,217 shares by the Waud Trust; and (vi) 93,580 shares by WFP LP.

3. Each of the reporting persons expressly disclaims beneficial ownership of the reported securities except to the extent of its pecuniary interest therein.

## **Remarks:**

The reporting persons are members of a "group" Waud Capital Partners III, L.L.C., Waud Capital Partners Management III, L.P., Waud Capital Partners III, L.P., Waud Capital Partners QP III, L.P., WCP FIF III (Acadia), L.P. and Waud Capital Affiliates III, L.L.C. The Form 3's for such other entities are filed separately.

<u>Waud Capital Par</u> <u>L.L.C., by /s/ Ree</u> its manager		<u>10/31/2011</u>
Waud Capital Par <u>Management II, I</u> <u>Capital Partners I</u> <u>general partner, b</u> Waud, its manage	<u>P., by Waud</u> I <u>, L.L.C., its</u> y /s/ Reeve B.	<u>10/31/2011</u>
<u>Waud Capital Par</u> <u>by Waud Capital 1</u> <u>Management II, L</u> <u>general partner, b</u> <u>Capital Partners I</u> <u>general partner, b</u> <u>Waud, its manage</u>	<u>Partners</u> <u>P., its</u> <u>y Waud</u> I, <u>L.L.C., its</u> <u>y /s/ Reeve B.</u>	<u>10/31/2011</u>
<u>Waud Capital Par</u> <u>L.P., by Waud Ca</u> <u>Management II, L</u> <u>general partner, b</u> <u>Capital Partners I</u> <u>general partner, b</u> <u>Waud, its manage</u>	<u>pital Partners</u> <u>P., its</u> <u>y Waud</u> I <u>, L.L.C., its</u> <u>y /s/ Reeve B.</u>	<u>10/31/2011</u>
WCP FIF II (Acar Waud Capital Par Management II, I general partner, b Capital Partners I general partner, b Waud, its manage	<u>tners</u> <u>P., its</u> <u>y Waud</u> I <u>, L.L.C., its</u> <u>y /s/ Reeve B.</u>	<u>10/31/2011</u>
Waud Capital Par Affiliates II, LLC Capital Partners M II, L.P., its genera Waud Capital Par L.L.C., its genera /s/ Reeve B. Waud	, <u>by Waud</u> <u>Aanagement</u> <u>l partner, by</u> tners II, L partner, by	<u>10/31/2011</u>
<u>Reeve B. Waud 2</u> <u>Trust, by /s/ Corn</u> <u>Waud, its trustee</u>	<u>011 Family</u> elius B.	<u>10/31/2011</u>
<u>Waud Family Par</u> /s/ Reeve B. Wau <u>partner</u>		<u>10/31/2011</u>
** Signature of Repo	rting 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 5 (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.