FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

vasimigton, D.C. 2004

0	MB APP	ROVAL
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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 S	sectio	on 30(n)	of the I	nvestme	nt Co	mpany Act	of 19	40					
1. Name and Address of Reporting Person* Duckworth David M. (Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000				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 10% Owner				
					3. Date of Earliest Transaction (Month/Day/Year) 08/15/2016											Officer (give title pelow) Chief Fina	Other (specify below) ncial Officer	
(Street) FRANKLIN TN 37067 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X F					
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Acc	quired	, Dis	posed o	f, o	r Ben	eficia	ally Ov	wned		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Exe (y/Year) if a		A. Deemed execution Date, any Month/Day/Year)		Transaction Dispo			ırities Acquired (A) ed Of (D) (Instr. 3, 4			d 5) Se Be Ov	Amount of ecurities eneficially wned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price	Tr	eported ansaction(s) 1str. 3 and 4)		(Instr. 4)
Common Stock 08/15/2				2016	2016			S		16,670(1)		D	\$54	.33	11,688	D		
		Та									osed of, onvertib				y Own	ed		
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	n Date, Transa Code (5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiration (Month/I	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		str. 3	8. Price Derivati Security (Instr. 5	ive derivative y Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nur of	ount nber ares				

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$54.31 to \$54.34, 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 range set forth in this footnote.

Remarks:

/s/ Christopher L. Howard as

Attorney in Fact for David M. 08/17/2016

Duckworth

** 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.