FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549	

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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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

Name and Address of Reporting Person*     Hollinsworth John S.					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]							(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify						
(Last) 6100 TO	(Fir	rst) (M	Middle)		3. Date of Earliest Trans 02/28/2024				action (Month/Day/Year)					X	belov				
(Street)	LIN TN	N 3	7067		4. If Amendment, Date				of Original Filed (Month/Day/Year)					Line)	5. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person				
(City)	(St	ate) (Ž	Zip)		Rule 10b5-1(c) Transaction Indication						on								
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Benef	icially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		ate,	3. Transaction Code (Instr. 8)  4. Securities Acc Disposed Of (D) 5)						5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A) (D)	or Pi	ice	Transa	ction(s) 3 and 4)		(iiisti. 4)		
Common Stock 02/28/			02/28/2	.024			A		33,718(1)	A	\ \ \ \ \	80.00	118,348		D				
Common	mmon Stock 02/28/20			024			A		6,336(2)	A	A \$0.00		124,684		D				
Common	Stock			02/28/2	2024				A		7,496(3)	A	\	0.00	132,180		D		
Common	ommon Stock 02/28/2		2024				F	F 11,495		Г	\$	83.43	12	0,685	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)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rities aired r osed )	Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)				9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Amo or Num of Title Shar		er					

## Explanation of Responses:

- 1. Shares received upon vesting of performance vesting restricted stock units awarded on April 23, 2021.
- 2. Shares earned based on 2023 performance under performance vesting restricted stock units awarded on April 11, 2022. The shares will not be issued until the end of the three-year period under the restricted stock unit award
- 3. Shares earned based on 2023 performance under performance vesting restricted stock units awarded on May 9, 2023. The shares will not be issued until the end of the three-year period under the restricted stock unit award.

/s/ Brian Farley as Attorney in Fact for John S. Hollinsworth

03/01/2024

\*\* 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.