FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

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 an		2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									all app Direc		g Perso	10% C	wner					
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC.							3. Date of Earliest Transaction (Month/Day/Year) 11/03/2014								Offic	er (give title w)		Other below)	specify	
830 CRESCENT CENTRE DRIVE, SUITE 610 (Street) FRANKLIN TN 37067					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta		Zip)																	
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	_	l, Di	sposed o	f, or E	Benefic	ially	Owne	ed				
1. Title of Security (Instr. 3) 2. Transactic Date (Month/Day/						Execution Date,			3. 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 8)					and 5) Securit		icially d Following	Form:	nership Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) oi (D)	Price		Trans	action(s) 3 and 4)			(Instr. 4)	
Common	2014	014		S		942	D	\$60.	\$60.2042		14,387		D							
Common Stock 11/03/20							014		S		100	D	\$60	\$60.225		14,287		D		
		Та	ble II -								osed of, convertib				vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ov Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

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.

/s/ Christopher L. Howard as Attorney in Fact for Randall P. 11/04/2014 Goldberg

** 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.