FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

C. 20549

heck this box if no longer subject to
ection 16. Form 4 or Form 5
oligations may continue. See
-4 4 (l-)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Duckworth David M. (Last) (First) (Middle)						Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC] Inc. [ACHC] Inc. [ACHC]									(Check all ap		blicable) ctor er (give title w)	Othe	Owner (specify
830 CRE SUITE 6	SCENT CE 10		02/10/2015 4. If Amendment, Date of Original Filed (Month/Day/Year)										Chief Financial Officer dividual or Joint/Group Filing (Check Applicable						
(Street) FRANKLIN TN 37067															ine) X	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St		Zip)	n Davis		<u> </u>				Dia			D		- U	0	- al		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				action	2A. Deemed Execution Dat			3. Transa Code (ction					or 5. Amount Land Securities Beneficiall		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)			(Jui 4)
Common Stock 02/10/						2015			A		3,284(1	1)	Α	\$0.00		23,969		D	
Common Stock 02/10/					/2015				A		3,600(2	2)	A	\$0.00		27,569		D	
Common Stock 02/10/					/2015	2015		A		6,429	3)	A	\$0.00		33,998		D		
Common Stock 02/10/					/2015						4,317		D	\$63	.93 2		9,681	D	
		Та									sed of, onvertib					vned			
Derivative Conversion		3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date, Transac Code (In		Instr.	of Deriv Secu Acqu (A) o Disp of (D	osed) r. 3, 4	Expiration (Month/E	Date Exercisable and Expiration Date Month/Day/Year) Date Exercisable Expiration Date			Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of				9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- $1.\ Shares\ received\ upon\ vesting\ of\ performance\ vesting\ restricted\ stock\ units\ awarded\ on\ February\ 27,\ 2014.$
- 2. Shares received upon vesting of performance vesting restricted stock units awarded on March 29, 2013.
- 3. Shares received upon vesting of performance vesting restricted stock units awarded on August 2, 2012.

Remarks:

/s/ Christopher L. Howard as Attorney in Fact for David M. 02/12/2015

** 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.