SEC Form 4	
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Estimated average burden hours per response:

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 and Add		0	2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
HUNTER CHRISTOPHER H.				X	Director	10% Owner						
(Last) 6100 TOWER	ast) (First) (Middle) 00 TOWER CIRCLE, SUITE 1000		3. Date of Earliest Transaction (Month/Day/Year) 02/28/2024	x	Officer (give title below) Chief Executiv	Other (specify below) re Officer						
	· · · · · · · · · · · · · · · · · · ·		4. If Amendment, Date of Original Filed (Month/Day/Year)	6 Indiv	vidual or Joint/Group Fil	ing (Check Applicable						
(Street)				Line)								
FRANKLIN	TN	37067		X	Form filed by One Re	eporting Person						
					Form filed by More th Person	nan One Reporting						
(City)	(State)	(Zip)	Rule 10b5-1(c) Transaction Indication									
			Check this box to indicate that a transaction was made pursuant t	$\Box$ Check this hav to indicate that a transaction was made pursuant to a contract instruction or written plan that is intended to								

## Table I. New Devivative Securities Acquired Disposed of an Development.

satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						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) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	
Common Stock	02/28/2024		A		19,822(1)	A	\$0.00	71,559	D		
Common Stock	02/28/2024		A		24,269 <sup>(2)</sup>	Α	\$0.00	95,828	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispe of (D	r osed ) r. 3, 4	Expiration Date (Month/Day/Year) S		Amount of			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. 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.

2. 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 03/01/2024 Fact for Christopher H. Hunter

\*\* 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.

OMB APPROVAL

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