FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5 obligations may continue. See
J	obligations may continue. See
	Instruction 1(h)

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 Address of Reporting Person*  DODD FRED THOMAS JR							2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]									ionship all app Direc	p of Reportin blicable) ctor	ıg Per				
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC.							3. Date of Earliest Transaction (Month/Day/Year) 03/19/2016										Officer (give title below)		Other below)	(specify		
6100 TOWER CIRCLE, SUITE 1000							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) FRANKLIN TN 37067														X Form filed by One Reporting Person  Form filed by More than One Reporting  Person								
(City)	(St	ate) (	Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ay/Year)   Ex		2A. Deemed Execution Date, f any Month/Day/Year)				ities Acquired (A) d Of (D) (Instr. 3, 4			4 and Sec Be Ow		Amount of ecurities eneficially wned Following eported		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							v	Amount		(A) or (D)	Price	.	Transaction(s) (Instr. 3 and 4)				(111511.4)					
Common Stock 03/19/3									F		215		D	D \$52.		.37 47,709			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. Deemd Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)				6. Date E Expiratio (Month/I		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3	8. Pri Deriv Secu (Instr	ative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	G G G	10. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
	c		Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount nber ıres	er									

## 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 Fred 03/22/2016
Thomas Dodd, Jr.

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.