Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Check this box if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
to Section 16. Form 4 or Form 5	
obligations may continue. See	

**OMB APPROVAL** 3235-0287 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*     Howard Christopher L					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					
(Last) 6100 TO	(Last) (First) (Middle) 6100 TOWER CIRCLE, SUITE 1000				3. Date of Earliest Transaction (Month/Day/Year) 04/23/2023									X Officer (give title Other (specify below)  EVP, GC and Secretary					
(Street) FRANKLIN TN 37067				4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City) (State) (Zip)					$ _{\Box}$	Rule 10b5-1(c) Transaction Indication  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	on-Deriva	tive S	Secu	rities	Acc	quirec	d, Dis	sposed of	, or B	enefici	ally Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) 5)						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	Transac	Transaction(s) (Instr. 3 and 4)			(111341. 4)	
Common Stock 04/23/20				)23				F		538	D	\$73.7	1 281	281,383		D			
Common Stock												78,5	78,511 <sup>(1)</sup>		I	See Footnote <sup>(2)</sup>			
		Tal	ble II								osed of, convertib				d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed ution Date, h/Day/Year)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			Amount of Securities		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4)	e Ownershi s Form: Direct (D) or Indirect g (I) (Instr. 4		Beneficial Ownership ct (Instr. 4)	

## **Explanation of Responses:**

- 1. Mr. Howard expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- 2. Includes 18,511 shares held by Christopher L. Howard Family Trust, 18,511 shares held by the Angie Parrott Howard Family Trust and 41,489 shares held by the reporting persons spouse.

/s/ Christopher L. Howard

04/25/2023 \*\* 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.