FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
- 1	Estimated average hurden									

0.5

hours per response:

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 and Address of Reporting Person* <u>Fincher Ronald Morgan</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]									check all ap Dire	ctor		X 10% (	Owner
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610					08/	3. Date of Earliest Transaction (Month/Day/Year) 08/13/2014									A belo	Chief Ope	eratin	Other (specify below) ating Officer	
(Street) FRANKLIN TN 37067  (City) (State) (Zip)				4. IT	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Forr Forr	•				
		Tabl	e I - No	n-Deriv	ative	Sec	curitie	s Ac	quired	Dis	posed o	f, or	Bene	ficia	ally Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				ction	tion 2A. Deeme		ed Date,	3. 4. Sec Transaction Dispo Code (Instr. 5)		4. Securiti Disposed	ities Acquired (A) d Of (D) (Instr. 3, 4		A) or	5. Amo Securit Benefic	unt of ies ially 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) Pri		Price	Transa (Instr. 3	ction(s)			(111501.4)
Common Stock 08/13/2				/2014	2014		S		2,489		D	\$48	11	118,991		D			
Common Stock														125	,541 <sup>(1)</sup>		T I	See Footnote <sup>(2)</sup>	
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)	Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Number of Shares			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## Explanation of Responses:

- 1. Mr. Fincher expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- $2. \ By \ the \ Ras \ W. \ Fincher \ II \ Trust \ u/a/d \ 09/13/2011, \ the \ Morgan \ M. \ Fincher \ Trust \ u/a/d \ 09/13/2011 \ and \ the \ Cody \ C. \ Fincher \ Trust \ u/a/d \ 09/13/2011.$

## 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.

<u>/s/ Christopher L. Howard as</u>
<u>Attorney in Fact for Ronald</u> <u>08/13/2014</u>
<u>Morgan Fincher</u>

\*\* 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.