FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	ES IN BENE	FICIAL OW	NERSHIP

	OMB APPRO	OVAL							
l	OMB Number: 3235-028								
l	Estimated average burd	len							
	hours per response:	0.5							

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>Lattner Kyle D.</u>					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]										tionship of Reportin all applicable) Director		10% Ov		wner	
(Last) (First) (Middle) C/O WAUD CAPITAL PARTNERS, LLC 300 N. LASALLE STREET, SUITE 4900					3. Date of Earliest Transaction (Month/Day/Year) 05/21/2015										Officer (give title below)		Other (below)			
(Street) CHICAG	O IL	6	50654 (Zip)		4. If Amendment, Date of Original F						I (Month/Day/Year)				6. Indiv ine) X	Forn	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son			
		Tabl	le I - No	n-Deriv	ative/	Sec	uritie	s Ac	quired	, Dis	posed o	f, o	r Ben	efici	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				Execution Date,		Code (Transaction Disposed Of (D) (In Code (Instr.					ıd 5)	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Pric	e	Transa	action(s) 3 and 4)			(Instr. 4)
Common stock, par value \$0.01 per share 05/21/2				/2015	.015		А		1,392(1)(2)(3)		A	\$0.00		5,823		D				
Common	ommon stock, par value \$0.01 per share 05/22/2				/2015	.015		J ⁽⁴⁾		787		D	\$0.00		5,036		D			
Common stock, par value \$0.01 per share 05/23/2				/2015	2015		J ⁽⁴⁾		1,035		D	\$0	\$0.00		4,001					
		Та									osed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)	erivative ecurity or Exercise nstr. 3) Conversion or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year)			4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo	r osed) :. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		nstr. 3	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Director Inc (I) (In:	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- $1. \ The \ shares \ are \ held \ of \ record \ by \ Kyle \ D. \ Lattner \ for \ the \ benefit \ of \ Waud \ Capital \ Partners, \ L.L.C. \ ("WCP \ LLC").$
- $2.\ The\ shares\ will \ vest\ in\ three\ equal\ annual\ installments\ beginning\ May\ 21,\ 2016.$
- ${\it 3. Mr. Lattner expressly disclaims beneficial ownership of the reported shares.}\\$
- 4. Represents shares previously issued to Mr. Lattner for the benefit of WCP which vested on May 22, 2015 and May 23, 2015, respectively, and were transferred to WCP LLC on such dates.

Remarks:

<u>/s/ Kyle D. Lattner</u> <u>05/26/2015</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.