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

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* Howard Christopher L (Last) (First) (Middle) | | | 2. Issuer Name and Ticker or Trading Symbol <u>Acadia Healthcare Company, Inc.</u> [ACHC] 3. Date of Earliest Transaction (Month/Day/Year) | | ationship of Reporting P k all applicable) Director Officer (give title below) | 10% Owner Other (specify below) | | |
|---|---------------|--------------------|---|---|--|---------------------------------------|--|--|
| 6100 TOWER CIRCLE, SUITE 1000 | | E 1000 | 05/09/2023 | | EVP, GC and Secretary | | | |
| (Street) FRANKLIN | ILIN TN 37067 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. 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) | Rule 10b5-1(c) Transaction Indication | | plan that is intended to | | | |
| | Та | ble I - Non-Deriva | tive Securities Acquired, Disposed of, or Bene | ficiall | y Owned | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| | | | • | <i>.</i> | | | | | | |
|---------------------------------|--|---|---------------------------------|----------|---|---------------|--------|--|--|---|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transac Code (li 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned 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) | Price | Reported Transaction(s) (Instr. 3 and 4) | | |
| Common Stock | 05/09/2023 | | A | | 5,205 ⁽¹⁾ | A | \$0.00 | 285,632 | D | |
| Common Stock | | | | | | | | 78,511 ⁽²⁾ | I | See Footnote ⁽³⁾ |

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. Transac Code (Ir 8) | | 5. 6. Date Exercisable and Expiration Date (Month/Day/Year) Derivative Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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) | |
|---|---|--|---|---------------------------------|---|---|-----|---------------------|---|-------|---|--|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Shares will vest over a 4-year period in equal yearly installments beginning May 9, 2024.

2. Mr. Howard expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.

3. 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 person's spouse.

/s/ Christopher L. Howard 05/09/2023

** 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.

OMB APPROVAL

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