FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF | CHANGES | IN BENEF | ICIAL | OWNERSHIP |
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| | OMB APPRO | DVAL |
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| | OMB Number: | 3235-0287 |
| l | Estimated average burd | en |
| | 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* WAUD CAPITAL PARTNERS, L.L.C. | | | | | 2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC] | | | | | | | | | | ationship k all app Direc | licable) | • | erson(s) to | Issuer Owner | |
|--|--|--|---|----------|--|---|---|--|----------------------------------|-----------------|---|--|-------------|---------|---|--|--|---|--|--|
| (Last) | (Fi | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/23/2013 | | | | | | | | | Officer (give title Other (spe below) below) | | | | | |
| (Street) CHICAC | GO IL | 6 | 50654 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicatine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | son | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Execu | | ecution any | Deemed scution Date, ny nth/Day/Year) | | ction Instr. | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) | | | | and Securit Benefic Owned | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | v | Amount | () 1) | A) or D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common stock, par value \$0.01 per share 05/23/2 | | | | | 2013 | 013 | | A | | 6,210(1)(| 2) | A | \$0 | | 9,490 | | | I | See Footnote ⁽³⁾ | |
| Common stock, par value \$0.01 per share 05/23/2 | | | | | 2013 | | A | | 1,640(4) |) A \$(| | 21,730 | | ,730 | 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. Deer Execution if any (Month/I | on Date, | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | nstr. 3 | Der | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | Code V (A) | | (D) | Date Exercisa | able | Expiration Date | Amou or Numb of Title Share | | mber | | | | | | | | | | |

Explanation of Responses:

- 1. The shares are held of record by Kyle D. Lattner and Reeve B. Waud for the benefit of Waud Capital Partners, L.L.C. ("WCP LLC").
- 2. The shares will vest in three equal annual installments beginning May 23, 2014.
- 3. The shares are held of record as follows, for the benefit of WCP LLC: (i) 3,105 by Kyle D. Lattner; and (ii) 6,385 by Reeve B. Waud. WCP LLC expressly disclaims beneficial ownership of the reported shares except to the extent of its pecuniary interest therein.
- 4. Represents shares previously issued to Mr. Reeve Waud for the benefit of WCP LLC which vested and were issued to WCP LLC on May 23, 2013.

/s/ Reeve B. Waud, as Sole
Manager of Waud Capital
Partners, L.L.C.

07/17/2013

** 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.