FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL O

| | OMB APPROVAL | | | | | | |
|-----------------|--------------------------|-----------|--|--|--|--|--|
| ICIAL OWNERSHIP | OMB Number: | 3235-0287 | | | | | |
| IOIAL OWNEROIM | Estimated average burden | | | | | | |

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* Fincher Ronald Morgan | | | | | | 2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner | | | | | |
|--|--|------|---------------|---|--------------|---|--|--------------|--------|--|----------|-------------|--------|--|--|---|--|-------------|---------------|--|
| (Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2015 | | | | | | | | X | belov | er (give title w) Chief Ope | | below | (specify) | |
| (Street) FRANKI (City) | | | 37067 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Inc Line) | Forn | dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tabl | e I - No | n-Deriv | ative | Sec | uritie | s Ac | quired | l, Dis | sposed o | f, or E | Benefi | cially | y Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Execution Da | | Date, | Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 5) | | and Securit | | ties For cially (D) I Following (I) (| | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount (A) or (D) | | or Prid | e | Transaction(s) (Instr. 3 and 4) | | | | (111341. 4) | | |
| Common | Stock | | | 02/24/ | 2015 | | | | A | | 4,258(1) | A | \$(| 0.00 | 11 | 7,554 | 554 D | | | |
| Common Stock | | | | | | | | | | | | | 101 | ,541 ⁽²⁾ | | T 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) | re Conversion or Exercise (Month/Day/Year) Execution Date, if any | | | saction e (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | rative rities iired r osed) (. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable and Expiration Date Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares | | nt er | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

- $1.\ Shares\ will\ vest\ over\ a\ 4-year\ period\ in\ equal\ annual\ installments\ beginning\ February\ 24,\ 2016.$
- 2. Mr. Fincher expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- $3. \ By \ the \ Ras \ W. \ Fincher \ II \ Trust \ u/a/d \ 09/13/2011, \ the \ Morgan \ M. \ Fincher \ Trust \ u/a/d \ 09/13/2011 \ and \ the \ Cody \ C. \ Fincher \ Trust \ u/a/d \ 09/13/2011.$

Remarks:

The reporting person is party to a stockholders agreement with Acadia Healthcare Company, Inc. ("Acadia") and certain other stockholders. As a result, he may be 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.

/s/ Christopher L. Howard as
Attorney in Fact for Ronald 02/26/2015

Morgan Fincher

** 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.