

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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>CRYSTAL COVE LP</u> (Last) (First) (Middle) <u>WAUD CAPITAL PARTNERS, L.L.C.</u> <u>300 N. LASALLE STREET, SUITE 4900</u> (Street) <u>CHICAGO IL 60654</u> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>12/17/2012</u>	3. Issuer Name and Ticker or Trading Symbol <u>Acadia Healthcare Company, Inc. [ACHC]</u>		
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person Form filed by More than One Reporting Person		

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common stock, par value \$0.01 per share	795,667	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

Explanation of Responses:

Remarks:

The reporting person is a member of a "group" with (i) Waud Capital Partners II, L.L.C. ("WCP II LLC"); (ii) Waud Capital Partners Management II, L.P. ("WCPM II"); (iii) Waud Capital Partners II, L.P. ("WCP II"); (iv) Waud Capital Partners QP II, L.P. ("WCP QP II"); (v) WCP FIF II (Acadia), L.P. ("WCP FIF II"); (vi) Waud Capital Affiliates II, L.L.C. ("Waud Affiliates II"); (vii) the Reeve B. Waud 2011 Family Trust; (viii) Waud Family Partners, L.P. ("WFP LP"); (ix) Waud Capital Partners III, L.L.C. ("WCP III LLC"); (x) Waud Capital Partners Management III, L.P. ("WCPM III"); (xi) Waud Capital Partners III, L.P. ("WCP III"); (xii) Waud Capital Partners QP III, L.P. ("WCP QP III"); (xiii) WCP FIF III (Acadia), L.P. ("WCP FIF III"); (xiv) Waud Capital Affiliates III, L.L.C. ("Waud Affiliates III"); (xv) Reeve B. Waud; (xvi) Melissa W. Waud and (xvii) Waud Capital Partners, L.L.C. ("WCP LLC"). WCPM II is the general partner of WCP II, WCP QP II, WCP FIF II and the Manager of Waud Affiliates II. WCP II LLC is the general partner of WCPM II. WCPM III is the general partner of WCP FIF III, WCP QP III and WCP III and the Manager of Waud Affiliates III. WCP III LLC is the general partner of WCPM III. Mr. Waud, Ms. Waud's husband, is (A) a member of the Limited Partner Committee of each of WCPM II and WCPM III, (B) the manager of WCP II LLC and WCP III LLC, (C) the investment advisor of the Reeve B. Waud 2011 Family Trust (D) the general partner of Crystal Cove LP and WFP LP and (E) the sole manager of WCP LLC. The Form 3's for such other entities are filed separately.

/s/ Reeve B. Waud, General Partner of Crystal Cove LP 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 5 (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.