FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	20540
Washington,	D.C.	20549

STATEMENT	OF CHANGE	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
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

Name and Address of Reporting Person* Harris Patrice A					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]							Relationship neck all app X Direc	licable)	ng Per	rson(s) to Is				
(Last)	(Fir	st) (N	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 10/26/2023								Office belov	er (give title v)		Other (s below)	specify	
ACADIA HEALTHCARE COMPANY, INC.					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. 1	6. Individual or Joint/Group Filing (Check Applicable						
6100 TOWER CIRCLE, SUITE 1000										Lin	Line)								
(Street) FRANKLIN TN 37067														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
- TRAINE	LIIN IIV		7007		Ru	Rule 10b5-1(c) Transaction Indication													
(City)	(Sta	ate) (2	Ľip)		$ _{\square}$	Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ir													
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or I	Bene	eficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date			Execution		Date, Transaction Code (Instr.			4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefic	ies cially Following	Form (D) o	Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Stock			10/26/	2023			A		2,137(1)	I	A	\$0.0	0 2	2,137		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)	if any	emed ion Date, /Day/Year)		ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of	.					

Explanation of Responses:

1. Shares will vest over a 3-year period in equal annual installments beginning October 26, 2024.

/s/ Brian Farley as Attorney in 10/27/2023 Fact for Patrice A. Harris

** 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.