FORM 4

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

/ashington,	D.C.	20549	
-------------	------	-------	--

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

1. Name and Address of Reporting Person*  KELLY RALPH DAVID					2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]								(Che	Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)	(Fi		Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/21/2022										er (give title		Other (s	· I
(Street) FRANK			7067 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson			
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				4 and Securi Benefi		ies ially Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D) P		Price	Transa (Instr. 3	ction(s)			(msu. 4)
Common Stock 0			07/21/2	2022				A		2,078(1)	A	\	\$0.00	2	2,078		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)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any				Fransaction of Code (Instr. B) S S A (#		osed ) r. 3, 4	6. Date Expirati (Month/	on Da			str.	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	e   (i s   l illy   (i	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	of Title Sha							

## **Explanation of Responses:**

1. Shares will vest over a 3-year period in equal annual installments beginning July 21, 2023.

## Remarks:

/s/ Christopher L. Howard as 07/22/2022 Attorney in Fact for R. David **Kelly** 

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.