FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	0.5

	Check this box if no longer subject to
١	Section 16. Form 4 or Form 5
ı	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 an		2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]									k all app Dired	p of Reportin blicable) ctor er (give title	10	to Issuer % Owner her (specify				
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC.							3. Date of Earliest Transaction (Month/Day/Year) 05/08/2013									er (give tille w)		ow)
830 CRESCENT CENTRE DRIVE, SUITE 610  (Street) FRANKLIN TN 37067				610	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Forn Forn	dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person		
(City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				ction	ion 2A. Deemed Execution Date,			3. Transa Code ( 8)	ction	4. Securitie	urities Acquired (A) o sed Of (D) (Instr. 3, 4 a			5. Ame Securi Benefi	ount of ities icially d Following	6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	t of Indirect	
									Code	v	Amount	(A) o (D)	r Pri	ce	Transa	action(s) 3 and 4)		()
Common Stock 05/08/20							013		S		5,000	D	\$3	2.96(1)	5	58,818		
Common Stock 05/09/20						013		S		3,000	D	\$	\$33.2		55,818			
Common Stock 05/10/20					2013	013		S		7,000	D	\$3	3.67(2)	48,818		D		
		Та	ble II -								osed of, convertib				wned			
1. Title of Derivative Security (Instr. 3)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any					ransaction Code (Instr. )		umber vative urities uired or osed )) r. 3, 4 5)	6. Date Expirati (Month/	ion Da	Vear) Securities Underlying Derivative Security (Ins		nt of ties ying tive ty (Instr	Der Sec (Ins	Price of rivative curity str. 5)	9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersl Form: Direct (E or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)
			Code	v	(A)	(D)	Date Exercis	Expiration Date Title Shares		er								

## Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$32.95 to \$33.00, inclusive. The reporting person undertakes to provide to Acadia Healthcare Company, Inc. (Acadia), any security holder of Acadia, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnotes (1) and (2).
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$33.60 to \$33.77, inclusive.

/s/ Christopher L. Howard as Attorney in Fact for William

05/10/2013

**Grieco** 

\*\* 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.