## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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>Bissell E. Perot</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]											o of Reportin dicable)			suer
	CADIA HEALTHCARE COMPANY, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/22/2014									Λ		er (give title	C	Other (specify below)	
830 CRESCENT CENTRE DRIVE, SUITE 610  (Street) FRANKLIN TN 37067				10	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(City) (State) (Zip)															1 010				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)				Disposed	ities Acquired (A) d Of (D) (Instr. 3, 4			1 and Secui Benet		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(1130.4)
Common Stock 05/22/						/2014					2,361	1)	A	\$0.00		0 5,466		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)	3A. Deeme Execution if any (Month/Da	Date, Transacti Code (Ins			on of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)				vative urity r. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Nur of	nber						

## **Explanation of Responses:**

1. The shares will vest in three equal annual installments beginning May 22, 2015.

## Remarks:

/s/ Christopher L. Howard as 05/22/2014 Attorney in Fact for E. Perot

\*\* 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.