FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

- 1											
	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
	hours per response:	0.5									

					or S	ection	30(n)	of the I	investme	ent Co	ompany Act	of 1940							
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
GRIECO WILLIAM													_		X Dir	ector	10%	Owner	
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC.						3. Date of Earliest Transaction (Month/Day/Year) 08/19/2014										cer (give title ow)	Other (specify below)		
830 CRESCENT CENTRE DRIVE, SUITE 610				4. If a	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)															X Form filed by One Reporting Person				
FRANKI	LIN TI	N 3	37067												Form filed by More than One Reporting Person				
(City)	(Si	ate) (Zip)																
		Tabl	e I - No	on-Deriv	ative	Seci	uritie	s Ac	quired	l, Dis	sposed o	f, or E	3ene	ficia	ally Owi	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)				Execution Da		Date,	3. Transaction Code (Instr. 8)						5) Seci Ben	nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) o	P P	rice	Tran	saction(s) r. 3 and 4)		(Instr. 4)	
Common Stock 08/19/2					2014				S		3,000	D		\$50.	36	38,284	D		
Common Stock 08/19/2				2014				S		2,000	D		\$50.23		36,284	D			
Common Stock 08/21/20					2014				S		2,000	D	1	\$50.37(1)		34,284	D		
		Та	ıble II -								osed of, convertib				y Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Dee Execution if any (Month/	on Date,	4. Transac Code (II 8)				6. Date Exerc Expiration Da (Month/Day/Y		ite	7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Ins		8. Price o Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
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1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$50.25 to 50.53, 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 footnote (1).

Date

Remarks:

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

Number of Shares

08/21/2014

Title

Expiration

** 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.