FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES
Instruction 1(b).	Filed pursuant to Section 16(a) o

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>TURNER BRENT</u>					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (speci					Owner
(Last) 6100 TO		3. Date of Earliest Transaction (Month/Day/Year) 02/24/2017								X	belov	w) T	below) esident						
(Street) FRANKI (City)			37067 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	ndividual or Joint/Group Filing (Check Applicable 2) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Di	sposed o	f, or E	Benefic	ially	y Own	ed			
Da			2. Transaction Date (Month/Day/Yea		Execution Date,		Transaction Dispose Code (Instr. 5)		Disposed C	ties Acquired (A) or I Of (D) (Instr. 3, 4 ar			5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) c	Price	•	Transac (Instr. 3	tion(s)			(Instr. 4)
Common	Stock			02/24/	2017				F		258	D	\$43	3.24	61	61,677 D			
Common	Stock			02/27/	2017				F		353	D	\$44	.94	61,324 D				
Common	Stock														206,252 ⁽¹⁾ I See Footn				
		Та	ıble II -								osed of, convertib				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transa Code (8)	(Instr.	of Deriv Secu Acqu (A) o Dispo	rities lired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		De Se (In	8. Price of Derivative Security (Instr. 5) 8. Price of Derivative Security Security Security Security Security Follo Repo Trans (Instr		ly G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. Mr. Turner expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therin.
- 2. By the Elizabeth Grace Turner 2011 Vested Trust and the William Jesse Turner 2011 Vested Trust.

Remarks:

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

** Signature of Reporting Person

Turner

02/28/2017

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.