FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL        |          |  |  |  |  |  |  |  |  |
|---------------------|----------|--|--|--|--|--|--|--|--|
| OMB Number:         | 3235-028 |  |  |  |  |  |  |  |  |
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0.5

hours per response:

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

|   |   |  |               |   |   |  |        |         |  | iipaiiy Act         |                                   |  |   |   |   |   |  |
|---|---|--|---------------|---|---|--|--------|---------|--|---------------------|-----------------------------------|--|---|---|---|---|--|
| Name and Address of Reporting Person*  Duckworth David M.     |   |  |               | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ] |   |  |        |         |  |                     |                                   |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner |   |   |   |  |
| (Last) (First) (Middle) 6100 TOWER CIRCLE, SUITE 1000         |   |  |               |   | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2018 |  |        |         |  |                     |                                   |  |   | er (give title Other (s   |   | r (specify<br>v)  |  |
| Street) FRANKI (City)   |   |  | 37067<br>Zip) |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |  |        |         |  |                     |                                   |  | ne)<br>X For<br>For   | vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |   |  |
|   |   | Tabl                                       | e I - No      | n-Deriva  | tive S  | ecuriti  | es Acc | quired  | , Dis  | posed o             | of, o                             | r Ber  | neficia   | ally Own  | ed  |   |  |
| L. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |               | Execution Date,   |   | 3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) |        |         |  | nd Secu<br>Bene     | rities<br>ficially<br>d Following | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)                            | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership   |   |   |   |  |
|   |   |  |               |   |   |  |        |         | v  | Amount              | (A) or<br>(D)                     |  | Price   | Trans   | action(s)<br>. 3 and 4)   |   | (Instr. 4)   |
| Common Stock 02/05  |   |  |               | 02/05/  | 2018  | D18 F 287 D  |        | \$34    | .61  | 23,352              | D                                 |  |   |   |   |   |  |
|   |   | Та   |               |   |   |  |        |         |  | sed of,<br>onvertib |                                   |  |   | y Owned   | I   |   |  |
| Title of<br>Derivative<br>Security<br>Instr. 3)               | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | if any        | ution Date, Trans   |   | on of  |        | Expirat | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                     |                                   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instrand 4) |   | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |

Date Exercisable Expiration

Explanation of Responses:

Remarks:

/s/ Christopher L. Howard as
Attorney in Fact for David M. 02/07/2018
Duckworth

\*\* Signature of Reporting Person Date

of Shares

Title

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.