FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	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 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																			
Name and Address of Reporting Person*     DODD FRED THOMAS JR						2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]								5. Relationship of Reporting Person(s) t (Check all applicable)  Director $X$ 109				on(s) to Is	
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/05/2015									Officer (give title Other (spr below) below)				
6100 TOWER CIRCLE, SUITE 1000					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FRANKLIN TN 37067													X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(St	ate) (	Zip)																
		Tabl	e I - 1	Non-Deriv	ative	Secu	uritie	s Ad	cquir	ed, Di	sposed o	f, or E	Benefici	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				Execution		ion Date,		3. 4. Securities Disposed Of Code (Instr. 8)			d (A) or r. 3, 4 and !	d 5) Secur Bene Owne		ficially d Following	Form:	nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 11/05/201					015	15			s 20,879		D	\$71.42	.'73 <sup>(1)</sup>		51,648		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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any				ransaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	cisable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. The price reported in Colimn 4 is a weighted average price. These shares were sold in multiple transactionsat prices from \$71.11 to \$72.00, 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 seperated price range set forth in this footnote.

## Remarks:

In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., the reporting person entered into a stockholders agreement with Acadia and certain other stockholders. As a result, he may deemed to be a part of a "group" with such other stockholders. To the extent the reporting person is deemed a member of a group, he disclaims beneficial ownership of shares owned by other members of the group.

/s/ Christopher L. Howard as
Attorney in Fact for Fred 11/12/2015
Thomas Dodd, Jr.

\*\* 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.