FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington, D.C. 20549
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average	burden									
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*     Howard Christopher L						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]								5. Relationship of Report (Check all applicable)  Director  Officer (give title)			10% C	
(Last) (First) (Middle) 6100 TOWER CIRCLE, SUITE 1000						3. Date of Earliest Transaction (Month/Day/Year) 03/11/2021								X Officer (give title Officer (specify below) below)  EVP, GC and Secretary				
(Street) FRANK (City)			37067 (Zip)		4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X Form t	,			
		Tab	le I - N	lon-Deri	vativ	e Sec	urit	ies Ac	quire	d, D	isposed o	of, or Be	neficia	Ily Owned	t t			
Date				Date	. Transaction Date Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a		(A) or 3, 4 and 5	Beneficia Owned Fe	s illy	Form:	Direct Indirect Itr. 4)	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	on(s)			Instr. 4)	
Common	Stock			03/05/2021				<b>G</b> <sup>(1)</sup>	v	7,359	A	\$0.00	128,	128,236		D		
Common Stock				03/11/2021				S		33,228	D	\$58.09	95,0	95,008		D		
Common Stock 03/				03/11/	/2021				M		6,466	A	\$15.96	5 101,	101,474		D	
Common Stock 03/11/				2021				M		9,500	A	\$29.39	110,	110,974		D		
Common Stock 03/05/20				2021	021			G <sup>(1)</sup>	v	7,359	D	\$0.00	93,6	93,616 <sup>(3)</sup>			See Footnote <sup>(4)</sup>	
		Т	able II								posed of converti			y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)		Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exercion Da /Day/\		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitic Benefici Owned Followin Reporte Transac (Instr. 4)	ve es ially ng d tion(s)	10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
	c		Code			Date Exercisable		Expiration Date	Title	Amount or Number of Shares								
Stock Option	\$15.96	03/11/2021			M			6,466	03/19/2	2013	03/19/2022	Common Stock	6,466	\$0.00	0		D	
Stock Option	\$29.39	03/11/2021			M			9,500	03/29/2	2014	03/29/2023	Common Stock	9,500	\$0.00	0		D	

## **Explanation of Responses:**

- 1. This transaction involved a gift of 7,359 shares by the Christopher L. Howard Family 2017 Grantor Retained Annuity Trust to the reporting person.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$58.00 to \$58.18, 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 range set forth in this footnote
- 3. Mr. Howard expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- 4. Includes 33,616 shares held by the Christopher L. Howard Family 2017 Grantor Retained Annuity Trust, 33,616 shares held by the Angie Parrott Howard Family 2017 Grantor Retained Annuity Trust and 26,384 shares held by the reporting person's spouse.

## Remarks:

/s/ Christopher L. Howard

03/15/2021

\*\* Signature of Reporting Person

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.