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

Washington, D.C. 20549

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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

Name and Address of Reporting Person*     Howard Christopher L						2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]									Check all ap Dire	ctor	_	X 10% C	Owner
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610							3. Date of Earliest Transaction (Month/Day/Year) 03/19/2014								X Officer (give title Other (specifically)  EVP, GC and Secretary				
(Street) FRANKLIN TN 37067 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,		Transaction Disposed Code (Instr. 5)			ties Acquired (A) d Of (D) (Instr. 3, 4			nd Secu Bene Own	ficially ed Following	Forr (D)	ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount		(A) or (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock	19/2014				F		561		D	\$47	.49 2	247,438		D				
		Та									sed of, onvertib				y Owned	I			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year)  (Month/Day/Year)  3. Transaction Execution Date, if any (Month/Day/Year)  3. Transaction Date (Execution Date, if any (Month/Day/Year)  4. Transaction Date (Instr. 8)  5. Number Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					rative rities ired r osed ) : 3, 4	or				str. 3 ount nber	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

## 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 03/21/2014

\*\* 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.