FORM 4

obligations may continue. See Instruction 1(b).

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERS	HIP
---	-----

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*  JACOBS JOEY A						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]								<ol> <li>Relationship of Report (Check all applicable)</li> <li>Director</li> </ol>			ing Person(s) to Issuer  10% Owner			
(Last) (First) (Middle) 6100 TOWER CIRCLE, SUITE 1000					3. Date of Earliest Transaction (Month/Day/Year) 02/24/2017									X	X Officer (give title below)  Chief Execution			Other (specify below)		
(Street) FRANKLIN TN 37067  (City) (State) (Zip)					4. If	Line									Individual or Joint/Group Filing (Check Applicable lee)  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, Dis	sposed o	f, or E	Benefic	cially	y Owne	ed				
				2. Transac Date (Month/Da		Execution Date,		Transaction Di		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a 5)						Form:	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o	Price	е	Transac (Instr. 3	tion(s)			(111501.4)	
Common Stock 02/24/					2017				F		1,413	D	\$43	3.24	33	0,595		D		
Common Stock 02/27					2017	:017					1,374	D	\$44	4.94	329,221		D			
Common Stock														567	7,649 <sup>(1)</sup>		T I	See Footnote <sup>(2)</sup>		
		Та	ble II -								osed of, convertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year)	3A. Dee Execution if any (Month/)		4. Transa Code ( 8)				Expirat (Month	ion Da	ear)			De Se (In	Price of erivative ecurity istr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y G	0. Ownership Form: Direct (D) Ir Indirect () (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title								

## **Explanation of Responses:**

- 1. Mr. Jacobs expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- $2. \ By \ the \ Jeremy \ Brent \ Jacobs \ GST \ Non-Exempt \ u/a/d \ 04/26/2011 \ and \ Scott \ Douglas \ Jacobs \ GST \ Non-Exempt \ Trust \ u/a/d \ 04/26/2011.$

## Remarks:

/s/ Christopher L. Howard as Attorney in Fact for Joey A.

02/28/2017

\*\* 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.