FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>Duckworth David M.</u>					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]								(Ched	k all app Direc	licable) tor	ng Person(s) to Is 10% Ov		wner	
(Last) (First) (Middle) 6100 TOWER CIRCLE, SUITE 1000					3. Date of Earliest Transaction (Month/Day/Year) 04/23/2022								X	below	Officer (give title Other below) below Chief Financial Officer			specify	
(Street) FRANK (City)			7067 Zip)		4. If <i>F</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ind Line)	Form Form	dual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr.			ired (A	, 4 and Secu Bene		ially Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	P	rice	Transaction(s) (Instr. 3 and 4)				(111041. 4)
Common Stock 04/23/2				2022			F		523	D	\$	68.01	12	7,130		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)	vative Conversion Date urity or Exercise (Month/Day/Year) if any		4. Transa Code (8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amou or Numbo of Title Share:		str.	Price of privative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		0. Ownership Form: Direct (D) Or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Remarks:

/s/ Christopher L. Howard as Attorney in Fact for David M. 04/26/2022 **Duckworth**

** 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.