SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

tion 16. Form 4 tions may conti	or Form 5	pursua	ant to S	Section 16(a)	of the S	ecuriti	ies Exchang	e Act of 1		RSHIP	Estin	nated ave	erage burde	3235-0287 en 0.5		
1. Name and Address of Reporting Person* Hollinsworth John S.						2. Issuer Name and Ticker or Trading Symbol <u>Acadia Healthcare Company, Inc.</u> [ACHC]						heck all ap Dire	plicable) ctor	ble) 10%		wner
(Last) (First) (Middle) 6100 TOWER CIRCLE, SUITE 1000					3. Date of Earliest Transaction (Month/Day/Year) 03/24/2021							w)	below)			
(Street) FRANKLIN TN 37067					4. If Amendment, Date of Original Filed (Month/Day/Year)						X Form filed by One Reporting Person Form filed by More than One Reporting				on	
(St	, ,		n-Deriva	tive \$	Secur	rities Acq	uired,	, Dis	posed of	, or Be	nefici					
Date					Execution Date,		Transaction Disposed Of (D) (Instr Code (Instr. 5)				nd Secur Benet	5. Amount of Securities Beneficially Owned Following Penoted		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
							Code	v	Amount	(A) or (D)	Price	Trans	action(s)			(
Common Stock 03/24/2							F		2,802	D	\$55.	5.02 55,655			D	
	Tal												ed			
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Date Exercisable

Expiration Date

Explanation of Responses:

Remarks:

/s/ Christopher L. Howard as Attorney in Fact for John S. 03/26/2021

Date

Hollinsworth

or Number

of

Shares

Title

** 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).

Code v (A) (D)

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.