FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
- 1	Estimated average	hurdon								

0.5

hours per response:

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*  Fincher Ronald Morgan  (Last) (First) (Middle)  ACADIA HEALTHCARE COMPANY, INC.  830 CRESCENT CENTRE DRIVE, SUITE 610					3. D	2. Issuer Name and Ticker or Trading Symbol <u>Acadia Healthcare Company, Inc.</u> [ ACHC ]      3. Date of Earliest Transaction (Month/Day/Year)     03/19/2014								(Che	**			Owner (specify	
(Street) FRANKLIN TN 37067  (City) (State) (Zip)					- 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	ndividual or Joint/Group Filing (Check Applicable e)  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. Transacti Date (Month/Day						Execution Date,		Date,	3. Transaction Code (Instr. 8) 4. Securitie Disposed C						5. Amor Securiti Benefic Owned Reporte	ties Fo cially (D) Following (I)		n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount	(A) c	r Pri	се	Transac	action(s) 3 and 4)			,			
Common Stock 03/19/2					2014	014		F		1,010	D	\$4	17.49	12	2,266		D		
Common Stock														125	5,541 <sup>(1)</sup>		T I	See Footnote <sup>(2)</sup>	
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)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  3. Transaction Date Execution Date, if any (Month/Day/Year)			de (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed . 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Numbe of Title Shares		. 3	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## Explanation of Responses:

- 1. Mr. Fincher expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- $2. \ By \ the \ Ras \ W. \ Fincher \ II \ Trust \ u/a/d \ 09/13/2011, \ the \ Morgan \ M. \ Fincher \ Trust \ u/a/d \ 09/13/2011 \ and \ the \ Cody \ C. \ Fincher \ Trust \ u/a/d \ 09/13/2011.$

## 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 as
Attorney in Fact for Ronald
Morgan Fincher

03/21/2014

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.