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(City)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject	ct to
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

(State)

(Zip)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 [*] PRINCE KAREN MARIE			2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
PRINCE K	AREN MAI	<u>RIE</u>		Director X 10% Owner				
,				Officer (give title Other (specify				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	below) below)				
ACADIA HE	ALTHCARE C	COMPANY, INC.	12/24/2012					
830 CRESCE	NT CENTRE I	DRIVE, SUITE 610						
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)				X Form filed by One Reporting Person				
FRANKLIN	TN	37067		Form filed by More than One Reporting				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)		(instit 4)	
Common Stock	12/24/2012		S		7,337	D	\$21.6	188,326	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of Expiration Date Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ate	7. Title Amour Securi Under Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	Security Se (Instr. 5) Bo Fo Ro Tr	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

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, she 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, she disclaims beneficial ownership of shares owned by other members of the group.

/s/ Karen Marie Prince

12/27/2012

Person

** 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.