FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| STATEMENT | OF (| CHANGES | IN BI | ENEFICIAL | OWNERS | HIP |
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| OMB APPROVAL | | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | | |
| hours per response: | 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

| Name and Address of Reporting Person* Dixon Heather Brianne | | | | 2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC] | | | | | | | | | all app | tor | ng Per | 10% Ov | vner | | |
|---|--|--------|---------------------------------|--|---|--|--|--------------------------------------|-----------------|--|-----------------|-----------------------------|---|--|---|---|--|-------------------------------|---------|
| (Last) 6100 TO | (Fir | st) (M | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/28/2024 | | | | | | | | | X | belov | er (give title v) Chief Finat | ncial | Other (s below) Officer | specify |
| (Street) | | | 7067 | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | . Indivine) | - / | | | on | |
| (City) | (St | | Zip) | | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | nded to | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acq | uired, | Dis | posed of | or B | enefic | ially | Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | | | es Acquired (A) Of (D) (Instr. 3, | | , 4 and Secu Bene Own | | cially I Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) (D) | Pric | Report Transa (Instr. | | action(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock 02/2 | | | 02/28/2 | 2024 | | | | A | | 21,560 ⁽¹⁾ | A | \$0 | .00 | 54 | 4,472 | | 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) | Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | y | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | | of Shares | | | | | | |

Explanation of Responses:

1. Shares earned based on 2023 performance under performance vesting restricted stock units awarded on July 25, 2023. The shares will not be issued until the end of the three-year period under the restricted stock unit award.

/s/ Brian Farley as Attorney in 03/01/2024 Fact for Heather B. Dixon

** 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.