FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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0.5

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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>Howard Christopher L</u>				2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									eck all a Dir	nip of Reportir oplicable) ector	ng Perso	10% Ov	0% Owner		
	A HEALTH	irst) CARE COMPA ENTRE DRIVE,		510	3. Date of Earliest Transaction (Month/Day/Year) 07/29/2014											cer (give title ow) EVP, GC a	Other (below)		specify
(Street) FRANKLIN TN 37067 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Lin	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(3		(Zip)	n Dariva	411.40	C	: 4 :	A -		Dia			- Bar		ls. Osar				
1. Title of Security (Instr. 3) 2. Transa Date			2. Transac	ction 2A. Deem Execution ay/Year) if any		. Deemed ecution Date,		3. Transaction Code (Instr.					5. Ai Secu Bend Own	nount of irities eficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount		(A) or (D)	Price	Tran	saction(s) r. 3 and 4)			(Instr. 4)
Common Stock 07/29				07/29/2	2014		S ⁽¹⁾		1,150	6	D	\$51.0)1 :	236,845		D			
Common Stock 07/29				07/29/2	/2014				M ⁽¹⁾		4,750	0) A	\$29.	9	241,595]	D	
Common Stock 07/29				07/29/2	/2014				F ⁽¹⁾		3,594	4	D	\$50.	6	238,001		D	
		7		Derivati (e.g., pu											Owne	d		,	1
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date, Tr	ransaction Code (Instr.		n of		6. Date E Expiratio (Month/I	n Date		7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		 Security	8. Price Derivati Security (Instr. 5	ve derivative Securities	e C S F Illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				C	ode \	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares					
Stock	\$29.39	07/29/2014		N	M (1)			4,750	03/29/20	14	03/29/2023	Com	mon	4,750	\$0.00	14,25	0	D	

Explanation of Responses:

1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 14, 2014.

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.

<u>/s/ Christopher L. Howard</u> 07/30/2014

** 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.