FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rvasiliigtoii,	D.C.	20343	

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

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>Duckworth David M.</u>						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									eck all app Direc	tionship of Reportir all applicable) Director Officer (give title		rson(s) to Is 10% O Other (vner
(Last) (First) (Middle) 6100 TOWER CIRCLE, SUITE 1000						3. Date of Earliest Transaction (Month/Day/Year) 03/04/2020									belov			below)	specify
(Street) FRANK (City)			37067 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	dividual or Joint/Group Filing (Check Applicable 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																		
Date			2. Transac Date (Month/Da		Exec if an	Deemed ecution Date, any onth/Day/Year)				4. Securitie Disposed 0 5)				Benefi Owned	ties cially Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) or (D) P		Price		ed ction(s) 3 and 4)				
Common	mmon Stock 03			03/04/	2020			A		5,892(1)		4	\$0.00	50,287			D		
		Tal							-		osed of, convertib			-	/ Owne	d			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			ransaction of ode (Instr. Derivativ		vative irities iired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nstr.	B. Price of Derivative Security Instr. 5)		Ownersh Form: y Direct (D or Indirec (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)		
					Code	l۷	(A)	(D)	Exercis	able	Date	Title		res					

Explanation of Responses:

 $1. \ Shares \ received \ upon \ vesting \ of \ performance \ vesting \ restricted \ stock \ units \ awarded \ on \ March \ 2, \ 2018.$

Remarks:

/s/ Christopher L. Howard as
Attorney in Fact for David M. 03/06/2020
Duckworth

** 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.