FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* OSTEEN DEBRA K					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
]								X	Director Officer (give title		10% Owne Other (spe		
(Last) (First) (Middle) 6100 TOWER CIRCLE, SUITE 1000					3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023										belov			below)	Бреспу
					4. If Amendment, Date of Original Filed (Month/Day/Year)								r)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)														X Form filed by One Reporting Person					
FRANK	FRANKLIN TN 37067														Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication							on							
						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.													
		Table	I - No	n-Derivat	ive Se	ecur	ities	Acq	uired,	Dis	oosed of	, or E	3enef	iciall	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execution (//Year) if any										5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) (D)	or Pri	ice	Report Transa (Instr.	ted action(s) 3 and 4)				
Common Stock 05/18/2					2023				A		2,229 ⁽¹⁾ A		\ \$	0.00	733,833		833 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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr	(Month/Day rative rities iired rosed)		on Da	te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		Dei Sed (Ins	Price of ivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Form ly Direct or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	er						

Explanation of Responses:

1. Shares will vest over a 3-year period in equal annual installments beginning May 18, 2024.

Remarks:

/s/ Christopher L. Howard as
Attorney in Fact for Debra K. 05/19/2023
Osteen

** 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.