Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* HUNTER CHRISTOPHER H.				2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
									[-	1	X Dire	ctor	10%	Owner
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year)									er (specify w)	
6100 TOWER CIRCLE, SUITE 1000				04/11/2024						(Chief Exec	ecutive Officer			
					4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable				
											Lir	,	51 II O		
FRANKLIN TN 37067												-			
(City) (State) (Zip)												Form filed by More than One Reporting Person			
(St	ate) (2	∠ıp)		Rule	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									ntended to						
				J 36	ausiy u	ie aiiiiiiiauve (iciciise c	orianic	ilis of Ivale 10	703-1(C). 3	ee iiisii i	iction to.			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned															
Date				Execution Date,		Transaction Disposed (Code (Instr. 5)				4 and Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect t Beneficial Ownership		
							Code	v	Amount	(A) or (D)	Price	Trans	action(s)		(Instr. 4)
Common Stock 04/11/2				2024			F		1,485	D	\$75	.8 9	4,343	D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned															
		(e.g., pu	ıts, ca	lls, v	varrants,	optior	ıs, c	onvertib	le secu	rities)			
Title of Derivative clearity instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year)		Transaction of		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of De Securities Se			derivative Securities Beneficiall Owned Following Reported	Owners Form: Direct (I or Indire (I) (Instr	Beneficial Ownership cct (Instr. 4)			
	(Fire CHR) (Fire WER CIRC) LIN TN (St. Conversion or Exercise Price of Derivative	(First) (IWER CIRCLE, SUITE 100 LIN TN 3 (State) (Z Table Security (Instr. 3) Stock Tal 2. Conversion or Exercise Price of Date (Month/Day/Year)	(First) (Middle) WER CIRCLE, SUITE 1000 LIN TN 37067 (State) (Zip) Table I - Nor Security (Instr. 3) Stock Table II - (Month/Day/Year) 2. Conversion or Exercise Price of Date (Month/Day/Year) Price of Derivative	(First) (Middle) WER CIRCLE, SUITE 1000 Table I - Non-Deriva Security (Instr. 3) Table II - Non-Deriva (Month/Da Stock Table II - Derivati (e.g., pu 2. Transaction Date (Month/Day/Year) A. Deemed Execution Date, if any (Month/Day/Year)	Calcal State Christing Case	Acadia I (First) (Middle) WER CIRCLE, SUITE 1000 Acadia I (First) (Middle) WER CIRCLE, SUITE 1000 4. If Amenda Check tr satisfy tr Table I - Non-Derivative Security (Instr. 3) Table II - Derivative Security (Month/Day/Year) Table II - Derivative Security (e.g., puts, calls, version or Exercise Price of Date (Month/Day/Year) Security (Month/Day/Year) Acadia I Ac	Acadia Healthcan (First) (Middle) WER CIRCLE, SUITE 1000 LIN TN 37067 (State) (Zip) Table I - Non-Derivative Securities Acquired (Month/Day/Year) Stock Table II - Derivative Securities Acquired (e.g., puts, calls, warrants, 2. Conversion or Exercise Price of Derivative Security Security (Month/Day/Year) 3. Date of Earliest Transa 04/11/2024 4. If Amendment, Date of Amendment, Date of Check this box to indic satisfy the affirmative of Security (Month/Day/Year) 2. Transaction Date (Month/Day/Year) Stock 4. Deemed Execution Date, if any (Month/Day/Year) Stock 5. Number of Derivative Securities Acquired (A) or Disposed of (D) Stock 1. Transaction Date (Month/Day/Year) Stock 1. Transaction Date (Month/Day/Year) Stock 2. Table II - Derivative Securities Acquired (A) or Disposed of (D)	Acadia Healthcare Cores. (First) (Middle) WER CIRCLE, SUITE 1000 IN TN 37067 (State) (Zip) Table I - Non-Derivative Securities Acquired, (Month/Day/Year) Code (Month/Day/Year) Table II - Derivative Securities Acquired, Date (Month/Day/Year) Table II - Derivative Securities Acquired, Date (Month/Day/Year) Table II - Derivative Securities Acquired, Date (Month/Day/Year) 3. Date of Earliest Transaction (Mod/11/2024) 4. If Amendment, Date of Original Acquired, Property of Code (Nonth/Day/Year) Code (Nonth/Day/Year) Acadia Healthcare Cores. 3. Date of Earliest Transaction (Mod/11/2024) 4. If Amendment, Date of Original Acquired, Code (Nonth/Day/Year) Code (Nonth/Day/Year) Acadia Healthcare Cores. 4. If Amendment, Date of Original Acquired, Code (Nonth/Day/Year) Acadia Healthcare Cores. 4. If Amendment, Date of Original Acquired, Code (Nonth/Day/Year) Acadia Healthcare Cores. 4. 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[ACHC] (First) (Middle) WER CIRCLE, SUITE 1000 4. If Amendment, Date of Original Filed (Month/Day/Year) (State) (Zip) Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owner (Month/Day/Year) (Month/Day/Year) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owner (e.g., puts, calls, warrants, options, convertible securities) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owner (e.g., puts, calls, warrants, options, convertible securities) 2. Transaction Date (Month/Day/Year) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owner (e.g., puts, calls, warrants, options, convertible securities) 2. 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[ACHC] (Check all applicable) X Diffect (Wonth/Day/Year) (Check all applicable) X Diffect (Wonth/Day/Year) (A) Or Form filed by Mc Person Check this box to indicate that a transaction was made pursuant to a contract, instruction or write satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Code (Instr. 8) (Month/Day/Year) (Month/Day/Year) A. Fansaction Date (Poly of Price of Derivative Securities Acquired, Disposed of, or Beneficially Owned Code (Instr. 5) (Month/Day/Year) A. Fansaction Date (Poly of Price of Derivative Security (Month/Day/Year) (Month/	Acadia Healthcare Company, Inc. [ACHC] (First) (Middle) WER CIRCLE, SUITE 1000 4. If Amendment, Date of Original Filed (Month/Day/Year) (State) (Zip) Rule 10b5-1(c) Transaction Indicate that a transaction was made pursuant to a contract, instruction or written plan that is is satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 2. Transaction Date (e.g., puts, calls, warrants, options, convertible securities) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) Acadia Healthcare Company, Inc. [ACHC] X Director X Officer (give title Other Chief Executive Office Chief) X Director A Disposed Of (Month/Day/Year) B. A Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) Scourlies of Disposed Of (D) (Instr. 3, 4 and 5) Scourlies of Disposed Of (D) (Instr. 3, 4 and 5) Form: Direct Office (give title Other Chief Executive Office Chief

Explanation of Responses:

/s/ Brian Farley as Attorney in 04/15/2024 Fact for Christopher H. Hunter

** Signature of Reporting Person Date

Amount or Number

of Shares

Title

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Code

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.

and 5)

(A) (D) Date Exercisable

Expiration Date

 $^{^{\}star}$ 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).