FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average I	hurden									

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

OIVID APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours per response:	0.5							

1. Name and Address of Reporting Person GRIECO WILLIAM						Acadia Healthcare Company, Inc. [ACHC]									(Ch	eck all appli	•		10% Owner		
	A HEALTH	CARE COMPA				3. Date of Earliest Transaction (Month/Day/Year) 11/05/2012											(give title		Other (s below)	pecify	
830 CRE	SCENT CI	ENTRE DRIVE,	SUITE	 	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applica Line)						
(Street)																,	iled by One	e Repo	orting Perso	n	
FRANK	LIN T	N	37067													Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																		
		Tab	le I - No	n-Deriv	ative	e Se	curit	ies Ac	qui	ired, [Disp	osed c	of, or B	enet	ficial	ly Owned	i				
Date				2. Transa Date (Month/E		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		,	3. Transaction Code (Instr. 8)						Securiti Benefic	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount	t (A) or (D) Pr		Price	Transac	Transaction(s) (Instr. 3 and 4)			instr. 4)	
Common	Stock			11/05	/2012	2			T	M		1,875	5 A	. :	\$11.3	2 61	,318	D			
		7	able II -									sed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeming Execution if any (Month/Da	Date,	i. Transaction Code (Instr i)		of Deri Sec Acq (A) Disp	oosed O) tr. 3, 4	Exp	Date Exe piration I onth/Day	Date		Amount Securiti Underly Derivati	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V (A) (D) Exercisable Date Expiration Date Title Shares																		
Employee Stock Options (right to	\$11.32	11/05/2012			М			1,875	11/	/01/2011	1:	1/21/2012	Commo Stock	1 1,	,875	\$0	0		D		

Explanation of Responses:

/s/ Christopher L. Howard as **Attorney** in Fact

** Signature of Reporting Person Date

11/06/2012

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.