

OMB APPROVAL	
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**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

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>OSTEEN DEBRA K</u>  (Last) (First) (Middle) <u>ACADIA HEALTHCARE COMPANY, INC.</u> <u>6100 TOWER CIRCLE, SUITE 1000</u>  (Street) <u>FRANKLIN TN 37067</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Acadia Healthcare Company, Inc. [ ACHC ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Chief Executive Officer</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>05/31/2019</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	05/31/2019		D		168,478 <sup>(1)(2)</sup>	D	\$0.00	97,178	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)					

**Explanation of Responses:**

- To offset the value of compensation forfeited or forgone and compensate for other economic consequences of revoking her separation agreement with her former employer and joining the Company, the Company agreed to make a one-time equity grant of restricted stock to the Reporting Person. The value of the one-time award was to be reduced by the amount received by the Reporting Person in respect of stock options issued by her former employer. Pending determination of the amount that the Reporting Person would receive from her former employer, the Company issued a restricted stock award of 240,942 shares to the Reporting Person on February 1, 2019.
- (continued from footnote 1) Following further discussions about the number of shares to be retained by the Reporting Person and final resolution of the amount received by the Reporting Person in respect of stock options issued by the Reporting Person's former employer, it was determined that the Reporting Person's February 1, 2019 award be reduced by 168,478 shares. The remaining 72,464 shares awarded to the Reporting Person on February 1, 2019 shall continue to be outstanding and will vest 50% on December 17, 2019 and 50% on December 17, 2020.

**Remarks:**

/s/ Christopher L. Howard as  
Attorney in Fact for Debra K. Osteen 06/04/2019

\*\* 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.