### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

IL	OMB APPRO	DVAL						
ľ	OMB Number:	3235-0287						
Estimated average burden								
Ш	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

Name and Address of Reporting Person*     DODD FRED THOMAS JR						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]								5. Relationship of Reporting Person(s) to Issue (Check all applicable)  Director X 10% Own					wner
ACADIA HEALTHCARE COMPANY, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/10/2014									Officer (give title below)		Other below		(specify
830 CRESCENT CENTRE DRIVE, SUITE 610  (Street)				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person						
,	ANKLIN TN 37067				-									Form filed by More than One Reporting Person					orting
(City)	(City) (State) (Zip)  Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				ion	2A. Deemed Execution Date,		ite,	3. 4. Securities		4. Securities	s Acquired (A) or f (D) (Instr. 3, 4 and		5. Am Secu Bene		ount of ities icially d Following	Form	nership : Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Trans	Transaction(s) (Instr. 3 and 4)			(111511.4)
Common Stock 11/10/201						14			s 10,249		10,249	D	\$61.1394 <sup>(1)</sup>		82,525			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)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any				Transaction Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			and tt of ties ying tive ty (Instr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co		v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	or Number of Shares						

#### **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$61.09 to \$61.24, inclusive. The reporting person undertakes to provide to Acadia Healthcare Company, Inc. (Acadia), any security holder of Acadia, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

## Remarks:

In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., the reporting person entered into a stockholders agreement with Acadia and certain other stockholders. As a result, he may deemed to be a part of a "group" with such other stockholders. To the extent the reporting person is deemed a member of a group, he disclaims beneficial ownership of shares owned by other members

/s/ Christopher L. Howard as Attorney in Fact for Fred 12/05/2014 Thomas Dodd, Jr.

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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).

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.