FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ashington,	D.C.	20549		
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STATEMENT OF CHANG	GES IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average b	urden							
hours ner resnonse.	0.5							

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* Harrod Laurence L.						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]								(Chec	k all app Direc	icer (give title		10% O	wner
(Last) (First) (Middle) 6100 TOWER CIRCLE, SUITE 1000						3. Date of Earliest Transaction (Month/Day/Year) 08/14/2022								X	below			Other (specify below)	
(Street) FRANK (City)			7067 Zip)		4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line) X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,				es Acquired (A) Of (D) (Instr. 3, 4			5. Amo Securit Benefic Owned Reporte	ties For cially (D) I Following (I) (wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount (A) or (D) Pr		rice	Transaction(s) (Instr. 3 and 4)				(11150.4)		
Common	Stock			08/14/2	022		F		1,034		\$	82.61	96,025			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)	if any	emed ion Date, /Day/Year)		ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbe of Title Shares		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

Remarks:

/s/ Christopher L. Howard as Attorney in Fact for Laurence 08/16/2022 L. Harrod

** Signature of Reporting Person

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.