FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OWR APPRO	JVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
	Estimated average burden			

hours per response:

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

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1. Name and Address of Reporting Person*  Fincher Ronald Morgan						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Acadia Healthcare Company, Inc. [ ACHC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
FINCTION ROHALD WOLGAN															Dire	ctor		X 10%	Owner	
(Last) (First) (Middle)					3. D	Date of Earliest Transaction (Month/Day/Year)									Offic belo	er (give title w)	)	Othe belov	r (specify v)	
ACADIA HEALTHCARE COMPANY, INC.					03/	03/29/2014									Chief Operating Officer					
·																				
830 CRESCENT CENTRE DRIVE, SUITE 610																				
(Ctroot)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	INI TO	ı -	7067												X Form filed by One Reporting Person					
FRANKLIN TN 37067													Form filed by More than One Reporting							
-					•										Person					
(City)	(St	ate) (	Zip)																	
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or E	Benefi	ciall	y Own	ed				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					Execution (Year) if any		cution Date,				es Acquired (A) or Of (D) (Instr. 3, 4 a				ies Foially (D Following (I)		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) c	r Pric	е		action(s) 3 and 4)			(Instr. 4)		
Common Stock 03/29			03/29/	2014	014			F		786	D	\$4	4.53	121,480			D			
Common Stock															125	,541 <sup>(1)</sup>		I	See Footnote <sup>(2)</sup>	
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. Conversi or Exerci Price of Derivativ Security		3. Transaction Date (Month/Day/Year)  3A. Deem Execution if any (Month/Day		on Date, Transac Code (Ir				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		3 Do Se (III	Price of erivative ecurity istr. 5)	derivative Securities	e O s F lly D o (i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	of Shares							

## **Explanation of Responses:**

- 1. Mr. Fincher expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- 2. By the Ras W. Fincher II Trust u/a/d 09/13/2011, the Morgan M. Fincher Trust u/a/d 09/13/2011 and the Cody C. Fincher Trust u/a/d 09/13/2011.

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 of the group.

> /s/ Christopher L. Howard as 04/01/2014 Attorney in Fact for Ronald Morgan Fincher

\*\* 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.