FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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* JACOBS JOEY A						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner						
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610						3. Date of Earliest Transaction (Month/Day/Year) 11/03/2014										X Officer (give title below) Other (specify below) Chief Executive Officer					
(Street) FRANKI (City)	FRANKLIN TN 37067				- 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	eI-	Non-Deriv	ativ	e Sec	uritie	s Ac	qui	red, I	Disp	osed o	f, or I	Benefic	ially	Owne	ed				
Date			2. Transaction Date (Month/Day/Y	ear)	Execution		e, T	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and				5) Secur Benef Owne		ities Ficially (d Following (n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code V		Amo	ount	(A) or (D)	Price			saction(s) r. 3 and 4)			(Instr. 4)	
Common	ommon Stock 11/03/201			14	4			S ⁽¹⁾		13	3,087	D \$59.95		05 ⁽²⁾ 617		.7,649 ⁽³⁾			See Footnote ⁽⁴⁾		
Common Stock																319,880		D			
		Та	ble	II - Derivat (e.g., p								sed of, onvertib				wned					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date or Exercise (Month/Day/Year) if any		cution Date,		saction (Instr.	5. Numof of Deriv. Securion Acquired (A) or Disport of (D) (Instrand 5	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title Amou Secur Under Deriva Secur and 4)	nt of ities lying ative ity (Instr. 3	nt er		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

- $1.\ The\ transactions\ reported\ in\ this\ Form\ 4\ were\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ March\ 14,\ 2014.$
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$58.92 to \$61.73, 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.
- 3. Mr. Jacobs expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- 4. By the Jeremy Brent Jacobs GST Non-Exempt Trust u/a/d 04/26/2011 and Scott Douglas Jacobs GST Non-Exempt Trust u/a/d 04/26/2011.

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 of the group.

/s/ Christopher L. Howard as Attorney in Fact for Joey A. 11/04/2014 Jacobs

** 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.