П

## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check	this box if no longer subject to
Sectio	on 16. Form 4 or Form 5
obliga	tions may continue. See
Instru	ction 1(b).

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

# OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

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	hours per response:	0.5
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1. Name and Address of Reporting Person <sup>*</sup> CARPENTER DANNY E			2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Acadia Healthcare Company, Inc.</u> [ ACHC ]		tionship of Reporting all applicable) Director	Person X	n(s) to Issuer 10% Owner
830 CRESCENT CENTRE DRIVE SUITE 610		( )	3. Date of Earliest Transaction (Month/Day/Year) 03/19/2012		Officer (give title below)		Other (specify below)
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indivi Line)	vidual or Joint/Group Filing (Check Applicable		
(Street)				X	Form filed by One F	Reporti	ng Person
FRANKLIN	TN	37067			Form filed by More Person	than C	one Reporting
(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/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock	03/19/2012		Α		3,250 <sup>(1)</sup>	Α	\$ <mark>0</mark>	101,092	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. Transa Code ( 8)		of		6. Date Exercis Expiration Dat (Month/Day/Ye	e	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)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to buy)	\$15.96	03/19/2012		A		3,250		03/19/2013 <sup>(2)</sup>	03/19/2022	Common Stock	3,250	\$0	3,250	D	

Explanation of Responses:

1. The shares will vest over a 4-year period in equal annual installments beginning March 19, 2013.

2. The options will vest over a 4-year period in equal annual installments beginning March 19, 2013.

#### /s/ Danny E. Carpenter

04/06/2012 Date

\*\* 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.