FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
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	Check this box if no longer subject to									
)	Section 16. Form 4 or Form 5									
J	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* RGIP, LP						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title X Other (specify below) MEMBER OF 10% OWNER GROUP					
(Last) (First) (Middle) C/O ROPES & GRAY LLP						3. Date of Earliest Transaction (Month/Day/Year) 08/14/2015														
PRUDENTIAL TOWER, 800 BOYLSTON STREET						If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) BOSTON (City)	BOSTON MA 02199														ine) X	·				
		Tabl	e I - Nor	n-Deriva	ative	Sec	curitie	s Ac	quired	Dis	posed o	f, o	r Ben	efici	ally (Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution ny/Year) if any		cution Date,		Transaction Disposed Code (Instr. 5)		ties Acquired (A) d Of (D) (Instr. 3, 4			4 and See Be		ount of ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	,	Reported Transaction(s) (Instr. 3 and 4)			(11150.4)	
Common Stock, par value \$0.01 per share 08/14/.						/2015		S		6,085		D	D \$80.4		8,774		D			
		Та									sed of, onvertib				y Ov	vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date, 1	Code (Instr				6. Date E Expiration (Month/I	on Date	Amount of		str. 3	8. Price Derivati Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount mber ares						

Explanation of Responses:

Remarks:

/s/ Ann L. Milner

08/18/2015

** 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.