# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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*						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]									eck all app Dire	olicable) ctor		erson(s) to I	Owner	
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000						3. Date of Earliest Transaction (Month/Day/Year) 02/24/2016									X Office below	,	Other (specify below) esident			
(Street) FRANKLIN TN 37067 (City) (State) (Zip)					-   4. If -	4. If Amendment, Date of Original Filed (Month/Day/Year)									e) <mark>X</mark> Forr Forr	<b>,</b>				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Date				2. Transa Date (Month/Da	Execution Date			Date,	3. Transa Code ( 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 at 5)				nd Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D) Pric		ice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock				02/24/	2016				A		7,806(1)	A	A \$0.00		56	56,778		D		
Common	Common Stock 02/24/				2016				A		4,802(2)	A		60.00	.00 61,580		D			
Common	Stock			02/24/	2016			A		5,748(3)	A	. !	60.00	00 67,328		D				
Common	Stock			02/24/	2016	2016					5,000(4)	A		60.00	72,328			D		
Common	Stock			02/24/	2016				F		7,592	Ι	\$	55.84	64					
Common	Stock														206,252 <sup>(5)</sup> I				See Footnote <sup>(6)</sup>	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
Security or Exercise (Month/Day/Year) if any					ransaction Code (Instr.				6. Date Exercisable a Expiration Date (Month/Day/Year)		d 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		r. 3	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code		(A)	(D)	Date Exercis	able	Expiration Date	ation Title Amoun		er						

### Explanation of Responses:

- 1. Shares received upon vesting of performance vesting restricted stock units awarded on February 24, 2015.
- $2. \ Shares \ received \ upon \ vesting \ of \ performance \ vesting \ restricted \ stock \ units \ awarded \ on \ February \ 26, \ 2015.$
- 3. Shares received upon vesting of performance vesting restricted stock units awarded on February 27, 2014.
- 4. Shares received upon vesting of performance vesting restricted stock units awarded on March 29, 2013.
- 5. Mr. Turner expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therin.
- 6. By the Elizabeth Grace Turner 2011 Vested Trust and the William Jesse Turner 2011 Vested Trust.

# 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 Brent 02/26/2016 **Turner**

\*\* 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.