FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subjec
$\Box$	to Section 16. Form 4 or Form 5
$\cup$	obligations may continue. See
	Instruction 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

Name and Address of Reporting Person*     Miquelon Wade D						2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]								(Check all ap		olicable)	ing Person(s) to 10% C Other		
(Last) (First) (Middle) 108 WILMOT ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/18/2023									belov	v)		below)	
(Street) DEERFI	Street) DEERFIELD IL 60015				4. If Amendment, Date of Original Filed (Month/Day/Year)							r)	6. Indi Line) X	<b>,</b>					
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	l - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Dis	posed of	, or I	Benef	iciall	y Owr	ned			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					/Year)	Execu	A. Deemed xecution Date, any Month/Day/Year)				ies Acquired (A) Of (D) (Instr. 3,				cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)		ice	Report Transa				
Common	2023				А 2,229		2,229(1)	1	A \$	0.00	.00 48,2			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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instrand 5	rative rities ired r osed )	6. Date I Expiration (Month/I		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and						Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)			Expiration Date	Title	Amour or Number of Shares	er					

## Explanation of Responses:

1. Shares will vest over a 3-year period in equal annual installments beginning May 18, 2024.

## Remarks:

/s/ Christopher L. Howard as

Attorney in Fact for Wade D. 05/19/2023

<u>Miquelon</u>

\*\* 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.