SEC F	orm 4
-------	-------

П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Chec	k this box if no longer subject to
	on 16. Form 4 or Form 5
	ations may continue. See
	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

1		
	hours per response:	0.5
l	Estimated average burden	

	ess of Reporting Per	rson*	2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]		tionship of Reporting all applicable)	Perso	n(s) to Issuer
Fincher Rona	<u>ald Morgan</u>		<u>reading realized to company, mer</u> (none)		Director	Х	10% Owner
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	x	Officer (give title below)		Other (specify below)
	LTHCARE COM	()	11/16/2011		Chief Operat	ing C	Officer
830 CRESCEN	T CENTRE DRI	VE, SUITE 610					
<u>.</u>			4. If Amendment, Date of Original Filed (Month/Day/Year)		idual or Joint/Group F	iling (Check Applicable
(Street)				Line)			
FRANKLIN	TN	37067			Form filed by One I	Report	ing Person
·					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. Transa Code (8)		4. Securities Disposed Of 5)			5. Amount of 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)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common stock, par value \$0.01 per share	11/16/2011		A		10,367	A	\$ <mark>0</mark>	129,625	D	
Common stock, par value \$0.01 per share								177,694	Ι(ι)	By the Ron Fincher 2011 Grantor Retained Annuity Trust

 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)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title Amour Securi Underl Deriva Securi and 4)	nt of ties ying	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				

Explanation of Responses:

1. Mr. Fincher expressly disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

Remarks:

In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., Mr. Fincher entered into a stockholders agreement with Acadia and certain other stockholders and may deemed to be part of a "group" with such other stockholders. To the extent Mr. Fincher is deemed a member of a group, Mr. Fincher disclaims beneficial ownership of shares owned by other members of the group.

<u>/S/</u>	Ron	Fincher

** Signature of Reporting Person Date

11/18/2011

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.