FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPRO              | VAL       |  |  |  |  |
|---|------------------------|-----------|--|--|--|--|
|   | OMB Number:            | 3235-0287 |  |  |  |  |
|   | Estimated average burd | en        |  |  |  |  |
| l | hours per response:    | 0.5       |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 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* <u>SWINSON ROBERT WALTON</u>            |  |  |   |       |            | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ] |   |     |  |                                      |                    |   |    |                     | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner |   |            |  |  |  |  |
|--|--|--|---|-------|------------|---|---|-----|--|--------------------------------------|--------------------|---|----|---------------------|---|---|------------|--|--|--|--|
| (Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC.                          |  |  |   |       |            |   | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2012 |     |  |                                      |                    |   |    |                     |   | icer (give title<br>ow)                                     |            | Other (<br>below)  | (specify   |  |  |
| 830 CRESCENT CENTRE DRIVE, SUITE 610   |  |  |   |       |            |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |     |  |                                      |                    |   |    |                     |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |            |  |  |  |  |
| (Street) FRANKI  | FRANKLIN TN 37067  |  |   |       |            |   |   |     |  |                                      |                    |   |    |                     | X Form filed by One Reporting Person  Form filed by More than One Reporting Person            |   |            |  |  |  |  |
| (City)   | (City) (State) (Zip)   |  |   |       |            |   |   |     |  |                                      |                    |   |    |                     |   |   |            |  |  |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |   |       |            |   |   |     |  |                                      |                    |   |    |                     |   |   |            |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)                    |  |  |   |       |            |   | Executi   |     | Cod  | Transaction Disposed Code (Instr. 5) |                    | ities Acquired (A)<br>d Of (D) (Instr. 3, 4   |    |                     | nd Secu<br>Bend<br>Own  | nount of<br>irities<br>eficially<br>ed Following            | For<br>(D) | Ownership<br>m: Direct<br>or Indirect<br>Instr. 4)                       | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |  |  |
|  |  |  |   |       |            |   |   |     | Cod  | e V                                  | Amount             | (A) or (D)  |    | Price               | Tran  | orted<br>saction(s)<br>r. 3 and 4)                          |            |  | (Instr. 4)   |  |  |
| Common   | Stock  |  | /2012   | /2012 |            |   |   |     | 3,250  | )                                    | D                  | \$  | 0  | 114,628             |   | D   |            |  |  |  |  |
| Common Stock 12/12/2   |  |  |   |       |            |   |   |     |  |                                      | 22,27              | 7   | D  | \$2                 | 1.6   | 92,351  |            | D  |  |  |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |   |       |            |   |   |     |  |                                      |                    |   |    |                     |   |   |            |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Da<br>if any<br>(Month/Day/Yo | Date, | Code (Inst |   |   |     | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                                      |                    | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |    | str. 3              | 8. Price o<br>Derivative<br>Security<br>(Instr. 5)  |   | ly         | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|  |  |  |   |       | Code       | v   | (A)   | (D) | Date<br>Exerci   | sable                                | Expiration<br>Date | Title   | or | ount<br>nber<br>res |   |   |            |  |  |  |  |

## **Explanation of Responses:**

## 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/ Robert Walton Swinson 12/14/2012

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  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.