Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| 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* Miquelon Wade D | | | | | | 2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC] | | | | | | | | | ck all app | tionship of Reportir all applicable) Director | | erson(s) to Is | |
|---|--|---------|------------------------------|---|---|---|--|--|---|----------------|----------|--|--|--|---|---|---------|-------------------------|--|
| (Last) | (Fi | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/07/2020 | | | | | | | | Office belov | r (give title) | | Other (below) | specify | | |
| (Street) DEERFI (City) | | ate) (2 | 0015 Zip) | n-Deriva | | If Amendment, Date of Original Filed (Month/Day/Year) ive Securities Acquired, Disposed of, or Benef | | | | | | | Line) X | Form Form Perso | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| 1. Title of Security (Instr. 3) 2. Tra | | | 2. Transac | tion | 2A. I Exec if an | A. Deemed execution Date, any | | 3. 4. Securities Acq Transaction Code (Instr. 5) | | uired (A | A) or | 5. Amo Securit Benefic | 5. Amount of Securities Beneficially | | n: Direct or Indirect | 7. Nature of Indirect Beneficial | | | |
| | | | | (Mon | | onth/Day/Year) | | 8) Code | v | Amount (A) (D) | | or P | rice | Owned Following Reported Transaction(s) (Instr. 3 and 4) | | (1) (11 | | Ownership (Instr. 4) | |
| Common Stock 0. | | | | 05/07/ | 2020 | | | | A | | 6,609(1) | A | A : | \$0.00 | 41,195 | | | 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) | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | 4. Transa Code (8) | (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | unt per | | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |

Explanation of Responses:

1. Shares will vest over a 3-year period in equal annual installments beginning May 7, 2021.

Remarks:

/s/ Christopher L. Howard as 05/08/2020 Attorney in Fact for Wade D. **Miquelon**

** 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.