FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject t	C
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours por rosponso:	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]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
JACOBS JOEY A													X	Director			X 10% (Owner	
		rst) (I CARE COMPAN LE, SUITE 1000	1	C.		3. Date of Earliest Transaction (Month/Day/Year) 02/24/2016							X	X Officer (give title Other below) below; Chief Executive Officer				(specify)	
(Street) FRANKI			37067		- 4. li	f Amer	idment.	, Date o	e of Original Filed (Month/Day/Year)						ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(50	ate) (2	Zip)																
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)		tion	ion 2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)					r	5. Amor Securit Benefic	unt of ies :ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
							Code	v	Amount	(A) (D)	or Pri	се	Transac (Instr. 3	ction(s)			(
Common Stock			02/24/2016					A		41,362(1)	A	\$	0.00	33	37,114		D		
Common Stock			02/24/2016				A		22,332(2)	A	\$	\$0.00		59,446		D			
Common Stock			02/24/2016				A		12,532(3)	A	\$	0.00	371,978		D				
Common Stock 02/			02/24/2	24/2016				F		31,528	Γ	D \$55.84		340,450		D			
Common Stock													567	,649(4)			See Footnote ⁽⁵⁾		
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)	Conversion or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Execution Date, if any (Month/Day/Year) 8		4. Transa Code 8)	(Instr.	5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr and 5	rities iired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares		De Se (Ir	8. Price of Derivative Security (Instr. 5) Ber Ow Foll Reg		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

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 27, 2014.
- 3. Shares received upon vesting of performance vesting restricted stock units awarded on March 29, 2013.
- 4. Mr. Jacobs expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- 5. By the Jeremy Brent Jacobs GST Non-Exempt u/a/d 04/26/2011 and Scott Douglas Jacobs GST Non-Exempt Trust u/a/d 04/26/2011.

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 02/26/2016 Attorney in Fact for Joey A. **Jacobs**

** 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.