FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL				
OMB Number:	3235-0287				
Estimated average burde	en				
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 a		2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									elationship ck all appli Directo	cable) or	X	10% (Owner								
	(F A HEALTH ESCENT CI		3. Date of Earliest Transaction (Month/Day/Year) 05/03/2013									X Officer (give title Other (specify below) below) Chief Operating Officer											
(Street) FRANK (City)			37067 (Zip)		- 4. l	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
		Tab	le I - N	on-Deri	vative	Sec	uriti	ies Ac	quire	d, D	isposed o	of, or Bo	enefic	cially	Owned	t							
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y						Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Disposed O	ıd 5)	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 Transacti (Instr. 3 a	ction(s)			(Instr. 4)					
Common Stock 0				05/03/2	2013				М		7,588	A	\$15	.96	120,	902	D						
Common	Common Stock 05/03/2				2013)13			F		4,784	D	\$32	.47	116,	118		D					
Common	nmon Stock 05/06/20			2013	13		S		16,789	D	\$32.4	44(1)	99,3	9,329		D							
Common	Common Stock													146,861(2)		I		See Footnote ⁽³⁾					
		Т	able II							•	posed of converti	•		•	Owned		,		•				
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)	action	5. Number of		-	Exerc	isable and te 7. Title and Amount of		nd of s ng re Secur		8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng d tion(s)	10. Ownersh Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)				
										Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amor or Numl of Share	ber				
Stock Option	\$15.96	05/03/2013			M		7,588		03/19/2013		03/19/2022	Common Stock 7,588		88	\$ <mark>0</mark>	22,767		D					

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$32.43 to \$32.57, inclusive. The reporting person undertakes to provide to Acadia Healthcare Company, Inc. (Acadia), any security holder of Acadia, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in footnote (1).
- 2. Mr. Fincher expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- 3. By the Ron Fincher 2011 Grantor Retained Annuity Trust.

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 05/07/2013 Attorney in Fact for Ronald Morgan Fincher

** 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.