FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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

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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 Dire	ctor		X 10% (Owner		
(Last)	(Fi	rst) (Middle)		3. Da	Date of Earliest Transaction (Month/Day/Year)									X Office below	er (give title w))	Other below	(specify	
ACADIA HEALTHCARE COMPANY, INC.						12/12/2012									Chief Executive Officer					
830 CRESCENT CENTRE DRIVE, SUITE 610																				
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
FRANKI	IN T	J 3	37067													n filed by O				
(City)	(St	ate) (Zip)												Pers	n filed by M son	ore ur	ian One Rep	oorung	
		Tabl	e I - No	on-Deriva	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or	Bene	eficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day				Execution Date,		Transaction Disposed Code (Instr. 5)		es Acquired (A) o Of (D) (Instr. 3, 4 a			5. Amo Securit Benefic Owned Reporte	ies :ially Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount	(A (D	or	Price	Transa	action(s) 3 and 4)			(111501. 4)	
Common Stock 12/12/20					012			s		266,177		D	\$21.	6 918,446 ⁽¹⁾			T I	See Footnote ⁽²⁾		
Common Stock															24	2,815		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)	erivative conversion or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Price of Derivative Security			4. Transac Code (I 8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Title Shares		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. Mr. Jacobs expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- 2. By the Joey A. Jacobs 2011 Grantor Retained Annuity Trust (Acadia).

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.

<u>/s/ Joey A. Jacobs</u> <u>12/14/2012</u>

** 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.