FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPROVAL										
l	OMB Number:	3235-0287									
l	Estimated average burden										
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* JOEY A. JACOBS 2011 GRANTOR RETAINED ANNUITY TRUST (ACADIA)					Susuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC] Date of Earliest Transaction (Month/Day/Year) 12/12/2012										o. Relationship of Reportin Check all applicable) Director Officer (give title below)		g Persor	10% C	wner (specify	
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 (Street) FRANKLIN TN 37067						4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) <mark>X</mark> Fo Fo	lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					ay/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Disposed Code (Instr. 5)		ies Acquired (A) Of (D) (Instr. 3,			nd Seci Ben Owr	Owned Following		ership Direct ndirect :. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount		(A) or (D)	Price	Tran	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	/2012		S		266,177		D	\$21	6 918,446)								
		Та									sed of, onvertib				y Owne	d				
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			Date, 1	4. Transaction Code (Instr. 8)		of		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		str. 3	8. Price o Derivative Security (Instr. 5)		Owr Forr Dire or Ir (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code \	,	(A)	(D)	Date Exercisa		Expiration Date	Title	Amo or Nun of Sha	nber						

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.

Joey A. Jacobs 2011 Grantor
Retained Annuity Trust
(Acadia), by /s/ Joey A. Jacobs,
its trustee

** Signature of Reporting Person Date

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

- * 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.