FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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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)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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

Name and Address of Reporting Person* JACOBS JOEY A					2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner Officer (size title						
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610					3. Date of Earliest Transaction (Month/Day/Year) 05/02/2014								X Officer (give title Other (specify below) Chief Executive Officer						
(Street) FRANK	LIN T	N	37067 (Zip)		4.1	f Ame	endme	nt, Date c	f Original Filed (Month/Day/Year)					6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/D				action	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8) 4. Securitie Disposed O			es Acquired	d (A) or	5. Amount of Securities 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 Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock			05/02	2/2014	1			M ⁽¹⁾		18,313	A	\$15.96	348,	348,131		D		
Common	Stock			05/02	2/2014				M ⁽¹⁾		16,650	A	\$29.39	364,	781		D		
Common	Stock			05/02	2/2014				F ⁽¹⁾		25,610	D	\$41.46	339,	339,171 D		D		
Common	Stock			05/02	2/2014				S ⁽¹⁾		19,291	D	\$45	319,	319,880 D				
Common	Common Stock										750,736 ⁽²⁾		I		See Footnote ⁽³⁾				
		-	Гable II -								osed of, convertil			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/Yea		4. Transactio Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares						
Stock Option	\$15.96	05/02/2014			M ⁽¹⁾	I (1)		18,313 03/19/2014 03/19/2022 Common Stock 18		18,313	\$0.00	36,628		D					
Stock Option	\$29.39	05/02/2014			M ⁽¹⁾			16,650	03/29/20	014	03/29/2023	Common Stock	16,650	\$0.00	49,950		D		

Explanation of Responses:

- 1. The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 14, 2014.
- 2. Mr. Jacobs expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- $3. \ By \ the \ Jeremy \ Brent \ Jacobs \ GST \ Non-Exempt \ Trust \ u/a/d \ 04/26/2011 \ and \ Scott \ Douglas \ Jacobs \ GST \ Non-Exempt \ Trust \ u/a/d \ 04/26/2011.$

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 Attorney in Fact for Joey A. Jacobs

05/05/2014

** 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.