FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPI	ROVAL
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Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(h)

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 an Fincher		2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]									k all app Dired			X 10%	Owner				
(Last) ACADIA 830 CRE		3. Date of Earliest Transaction (Month/Day/Year) 02/19/2015									X Officer (give title below) Other (specify below) Chief Operating Officer								
(Street) FRANKLIN TN 37062 (City) (State) (Zip)				7	4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I -	Non-Deriv	/ativ	e Sec	uritie	s Ac	cqui	red, [Disposed	of, or	Benefici	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)						Execution		·,]	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5) Securit		ities F icially (I d Following (I		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code V		Amount	(A) or (D)	Price		Transa (Instr. 3	tion(s)			(111501. 4)	
Common	15	5			s 10,703		D	\$62.503	2 ⁽¹⁾ 11		13,296		D						
Common Stock																101,541 ⁽²⁾		T I	See Footnote ⁽³⁾
		Та	ıble	II - Derivat (e.g., p							posed of , converti				wned		,		
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Dat curity or Exercise (Month/Day/Year) if any			ution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Derivati Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisabl	Expiration e Date	Title	Amount or Number of Shares						

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 \$62.50 to \$62.58, 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 range set forth in this footnote.
- 2. Mr. Fincher expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- 3. By the Ras W. Fincher II Trust u/a/d 09/13/2011, the Morgan M. Fincher Trust u/a/d 09/13/2011 and the Cody C. Fincher Trust u/a/d 09/13/2011.

Remarks:

The reporting person is party to a stockholders agreement with Acadia Healthcare Company, Inc. ("Acadia") and certain other stockholders. As a result, he may be 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 Ronald

02/20/2015

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.