### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
l	OMB Number:	3235-0287							
l	Estimated average bu	ırden							
l	haura nar raananaa	0.1							

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* <u>TURNER BRENT</u>						2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X 10% Owner					
	A HEALTH	irst) (CARE COMPA) ENTRE DRIVE,				3. Date of Earliest Transaction (Month/Day/Year) 05/03/2013								X	X Officer (give title below) Other (specify below)  President					
(Street) FRANK			37067 (Zip)		4. If Amendment, Date o					nal Fil	ed (Month/Da		Line)	Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(Oity)	(0)			on-Deriv	ative	Sec	uriti	es Ac	auire	d. D	isposed o	of. or Be	enefic	iall\	/ Owned	<u> </u>				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day		ion	2A. Deemed Execution Date, Year) if any		3. 4. Securities		es Acquired (A) or Of (D) (Instr. 3, 4 and 5			5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
						Code	v	Amount	(A) or (D)	Price		Transaction	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
Common Stock 05/03/2			013	013		M		7,588	A	\$15.	96	72,3	332	D						
Common Stock 05/0		05/03/2	013				F		4,784	D	\$32.	47 67,5		548	D					
Common	Stock			05/06/2	013				S		7,000	D	\$32.5	<b>5</b> (1)	60,548		D			
Common	Stock			05/07/2	013				S		11,945	D	\$32.7	<b>5</b> <sup>(2)</sup>	48,603 D					
Common	Stock														236,925 <sup>(3)</sup> I See Foo				See Footnote <sup>(4)</sup>	
		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)	if any	on Date,	4. Transa Code (1 8)			6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price Derivative Security (Instr. 5)		9. Numb derivativ Securitie Benefici Owned Followin Reported Transact (Instr. 4)	ve Owners es Form: ially Direct (I  or Indire  (I) (Instri		Beneficial Ownership t (Instr. 4)		
					Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amou or Numb of Share	ber						
Stock	\$15.96	05/03/2013			м		ıl	7 588	03/19/	2013	03/19/2022	Common	7 58	ρĺ	\$0	22 <b>7</b> 0	67	D		

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$32.50 to \$32.52, 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 footnotes (1) and (2).
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$32.50 to \$32.98, inclusive.
- 3. Mr. Turner expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therin.
- 4. By the William Brent Turner 2011 Grantor Retained Annuity Trust.

## 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/ Christpher L. Howard as Attorney in Fact for Brent

05/07/2013

**Turner** 

\*\* 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.