## FORM 5

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

I CINIVI 3	SHITED STATES SESSIVITIES AND E
	Washington, D.C. 2054
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	ANNUAL STATEMENT OF CHAN

ashington,	$D \subset$	20540	
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## **ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

OMB APPROVAL							
OMB Number: 3235-03							
Estimated average burden							
hours per response	: 1.0						

Form	3 Holdings Rep	OWNERSHIP								hours per			esponse:	1.0		
Form 4	4 Transactions	Reported.	File	d pursuant to Se or Section 30	ection 16(a) 0(h) of the	) of the	e Securit ment Co	ies Excha mpany Ad	ange A	ct of 19 140	934					
1. Name and Address of Reporting Person*  Howard Christopher L				2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ ACHC ]					] (Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify						
	A HEALTH	ICARE COMPA		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2022							EVP, GC and Secretary					
6100 TOWER CIRCLE, SUITE 1000				4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FRANK	LIN T	N :	37067								X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	ate)	Zip)									. 0.00				
		Table	l - Non-Deriv	ative Securi	ties Acc	quire	d, Dis	posed	of, o	r Ben	neficia	lly Own	ed			
Title of Security (Instr. 3)  Common Stock		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any	Code (Instr.		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			sposed	Securities Beneficially			Direct Beneficial			
			(Month/Day/Year	r)   8)	8)		:	(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indired (Instr.	ct (I)   (In:	Ownership (Instr. 4)	
		12/19/2022		G <sup>()</sup>	<b>G</b> <sup>(1)</sup>		02	A	\$0.00		156	,249	I	D		
Common Stock		12/19/2022		<b>G</b> <sup>(1)(2)</sup>		7,1	02	D	\$0.00		78,511			T   1~ '	See Footnote <sup>(3)</sup>	
		Та	ble II - Derivat (e.g., p	ive Securition								y Owne	d			
1. Title of Derivative Security (Instr. 3)	Conversion Date Executor Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction (Code (Instr. 8)	of Expi		ate Exercisable and iration Date nth/Day/Year)		An Se Un De Se	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		B. Price of Derivative Security Instr. 5)	9. Numb derivativ Securitic Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefic Owners (Instr. 4)
									$\neg$	An	nount					

#### **Explanation of Responses:**

- 1. This transaction involved a gift of 7,102 shares by the Christopher L. Howard Family 2017 Grantor Retained Annuity Trust to the reporting person.
- 2. Mr. Howard expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- 3. Includes 18,511 shares held by Christopher L. Howard Family Trust, 18,511 shares held by the Angie Parrott Howard Family Trust and 41,489 shares held by the reporting person's spouse.

(D)

Date

Expiration

#### Remarks:

02/14/2023 /s/ Christopher L. Howard

or Number

\*\* 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.