FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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	OMB APPI	ROVAL
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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)

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* DODD FRED THOMAS JR					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						
	Last) (First) (Middle) LCADIA HEALTHCARE COMPANY, INC. 100 TOWER CIRCLE, SUITE 1000					3. Date of Earliest Transaction (Month/Day/Year) 02/24/2015										Officer (give title Other (specify below) below)					
(Street) FRANKLIN TN 37067				4. 11	4. If Amendment, Date of 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						
(City)	(S	tate)	(Zip)																		
		Tak	ole I - Noi	n-Deriv	ative	e Se	curitie	s A	cqu	ired,	Disp	osed o	f, or	Bene	ficiall	y Owned					
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L				action 2A. Deemed Execution Date, if any (Month/Day/Year)		e,	Transaction Disposed Code (Instr. 5)			ities Acquired (A) or d Of (D) (Instr. 3, 4 a			nd Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
										Code	v	Amount	Amount (A) or Pr		Price	ce Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 02/24					1/201	/2015		A		3,000 ⁽¹⁾ A		\$0.00	47,179		D						
Common Stock 02/05			5/201	2016			A		1,250 ⁽²⁾ A \$		\$0.00	48	48,429		D						
		-	Table II -									sed of, onvertil				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date, T		ransaction of ode (Instr. S. A. (#		5. Number 6. I		Date Exercisal xpiration Date Month/Day/Year/			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly OF	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e ercisable		expiration Date	Title	0 0	Amount or lumber of Shares						
Employee Stock Option (right to buy)	\$ 61.65	02/24/2015			A		2,000		02/2	24/2016 ⁽	(3) 0	2/24/2025	Comn		2,000	\$0.00	2,000		D		
Employee Stock Option (right to buy)	\$59.72	02/05/2016			A		3,750		02/0	05/2017 ⁽	(4) 0	2/05/2026	Comn		3,750	\$0.00	3,750		D		

Explanation of Responses:

- 1. Shares will vest over a 4-year period in equal yearly installments beginning February 24, 2016.
- $2. \ Shares \ will \ vest \ over \ a \ 4-year \ period \ in \ equal \ yearly \ installments \ beginning \ February \ 5, \ 2017.$
- 3. The options will vest over a 4-year period in equal yearly installments beginning February 24, 2016.
- 4. The options will vest over a 4-year period in equal yearly installments beginning February 5, 2017.

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 Fred Thomas Dodd, Jr.

02/09/2016

** 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.