Acadia Healthcare Company, Inc.

Form 4

February 26, 2016

Check this box

if no longer

subject to

Section 16.

Form 4 or

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

3235-0287 Number: January 31, Expires: 2005

OMB APPROVAL

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Form 5 obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * Duckworth David M.

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

Acadia Healthcare Company, Inc.

(Check all applicable)

Chief Financial Officer

[ACHC]

02/24/2016

(Last) (First)

ACADIA HEALTHCARE

CIRCLE, SUITE 1000

3. Date of Earliest Transaction (Month/Day/Year)

X_ Officer (give title

10% Owner Other (specify

(Middle)

below)

Director

COMPANY, INC., 6100 TOWER

Execution Date, if

(Month/Day/Year)

4. If Amendment, Date Original Filed(Month/Day/Year)

Code

(Instr. 8)

6. Individual or Joint/Group Filing(Check

Applicable Line)

X Form filed by One Reporting Person Form filed by More than One Reporting

FRANKLIN, TN 37067

(City) (State) (Zip) 1.Title of 2. Transaction Date 2A. Deemed

(Month/Day/Year)

(Street)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 3. 4. Securities Acquired

(Instr. 3, 4 and 5)

5. Amount of Transaction(A) or Disposed of (D) Securities Beneficially Owned

Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership

(Instr. 4)

D

(Instr. 4)

(A)

Reported

Transaction(s) (Instr. 3 and 4)

Code V Amount (D) Price Common 4,866 \$0 25,504 02/24/2016 Α (1) Stock

> 2,095 \$0 27,599 D A A (2)

Common 3,284 02/24/2016 \$0 D 30,883 Α Α Stock (3)

> 3,600 \$0 A A 34,483 (4)

D D

Common Stock

Common

Stock

Security

(Instr. 3)

02/24/2016 02/24/2016

02/24/2016

F 4,004 D

30,479

\$ Common Stock 55.84

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)	nt of lying ities	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Duckworth David M. ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067			Chief Financial Officer				

Signatures

/s/ Christopher L. Howard as Attorney in Fact for David M. 02/26/2016 Duckworth

> **Signature of Reporting Person Date

Explanation of Responses:

- 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).
- (1) Shares received upon vesting of performance vesting restricted stock units awarded on February 24, 2015.
- (2) Shares received upon vesting of performance vesting restricted stock units awarded on February 26, 2015.
- (3) Shares received upon vesting of performance vesting restricted stock units awarded on February 27, 2014.

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(4) Shares received upon vesting of performance vesting restricted stock units awarded on March 29, 2013.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.