Duckworth David M. Form 3 August 03, 2012 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3 Washington, D.C. 20549 OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

OMB APPROVAL

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(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Duckworth David M.	 Date of Event Requiring Statement (Month/Day/Year) 	3. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]					
(Last) (First) (Mid	lle) 10/31/2011	4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)				
830 CRESCENT CENTRE DRIVE, SUITE 610		(Check all applicable)					
(Street) FRANKLIN, TN 37067		Director 10% O X Officer Other (give title below) (specify below Chief Financial Officer	Filing(Check Applicable Line)_X_ Form filed by One Reporting				
(City) (State) (Zi) Table I - M	Table I - Non-Derivative Securities Beneficially Owned					
1.Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)	Owned Ownership	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Reminder: Report on a separate lin owned directly or indirectly.	for each class of securities benefic	ially SEC 1473 (7-02)					
informatior required to	o respond to the collection of contained in this form are not respond unless the form displ lid OMB control number.						
Table II - Derivativ	Securities Beneficially Owned (e	.g., puts, calls, warrants, optic	ons, convertible securities)				

1. Title of Derivative Security	2. Date Exercisable and		3. Title and Amount of		4.	5.	6. Nature of Indirect
(Instr. 4)	str. 4) Expiration Date (Month/Day/Year)		Securities Underlying		Conversion	Ownership	Beneficial Ownership
			Derivative Security		or Exercise	Form of	(Instr. 5)
			(Instr. 4)	tr. 4) Price of		Derivative	
	Date Expiration Exercisable Date	Expiration Date	Title	Amount or Number of Shares	Derivative	Security:	
					Security	Direct (D)	
						or Indirect	
						(I)	

(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships				
		Director	10% Owner	Officer	Other	
Duckworth David M. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067		Â	Â	Chief Financial Officer	Â	
Signatures						
/s/ David M. Duckworth	08/03/2012					
<u>**</u> Signature of Reporting Person	Date					
Explanation	of Responses:					

No securities are beneficially owned

* If the form is filed by more than one reporting person, see Instruction 5(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. 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.