Acadia Healthcare Company, Inc.

Form 4

March 03, 2015

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

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Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue.

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

See Instruction

1. Name and Address of Reporting Person * TURNER BRENT

2. Issuer Name and Ticker or Trading

5. Relationship of Reporting Person(s) to

Issuer

Symbol

(Middle)

Acadia Healthcare Company, Inc.

(Check all applicable)

[ACHC]

(Last) (First) 3. Date of Earliest Transaction

Director X 10% Owner X_ Officer (give title Other (specify

(Month/Day/Year)

02/27/2015

below) President

ACADIA HEALTHCARE COMPANY, INC., 830 CRESCENT **CENTRE DRIVE, SUITE 610**

> (Street) 4. If Amendment, Date Original

Applicable Line)

Filed(Month/Day/Year)

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

6. Individual or Joint/Group Filing(Check

FRANKLIN, TN 37067

(City) (State) (Zip)

02/27/2015

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

1.Title of 2. Transaction Date 2A. Deemed Security (Month/Day/Year) Execution Date, if (Instr. 3) (Month/Day/Year)

3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)

5. Amount of 6. Ownership 7. Nature of Securities Beneficially (D) or Owned Indirect (I) Following (Instr. 4)

Form: Direct Indirect Beneficial Ownership (Instr. 4)

(A)

Reported Transaction(s) or (Instr. 3 and 4)

Code V Amount (D) Price

F 542 D 59,385 D 63.13

Stock Common

Common

Stock

See $206,252 \frac{(1)}{2}$ Ι

Footnote (2)

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

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number.

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

	1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount	t of	Derivative	Deriv
	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
	(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) Derivative Securities Acquired				Securiti	es	(Instr. 5)	Bene
		Derivative						(Instr. 3	and 4)		Own	
		Security										Follo
						(A) or						Repo
						Disposed						Trans
						of (D)						(Instr
						(Instr. 3,						
						4, and 5)						
										\		
										Amount		
							Date	* · · · ·	or Title Number of			
							Exercisable					
					C + V	(A) (D)						
					Coae V	(A) (D)			S	Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
referring o man ruma, ruman	Director	10% Owner	Officer	Other			
TURNER BRENT ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067		X	President				
Signatures							
/s/ Christopher L. Howard as Attorney in Fact for	Brent	02/02/2015					

**Signature of Reporting Person

Date

03/03/2015

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) Mr. Turner expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- (2) By the Elizabeth Grace Turner 2011 Vested Trust and the William Jesse Turner 2011 Vested Trust.

Remarks:

Turner

The reporting person is party to a stockholders agreement with Acadia Healthcare Company, Inc. ("Acadia") and certain other stockholders. As a result, he may be 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.

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.

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