Edgar Filing: Acadia Healthcare Company, Inc. - Form 4

Acadia Healthcare Company, Inc. Form 4 December 11, 2015

December 11	, 2015											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
Check this box							OMB Number:	3235-0287				
if no long	or			CEC I						Expires:	January 31, 2005	
subject to Section 16 Form 4 or	SIAIE 5.	STATEMENT OF CHANGES IN BENEFICIAL OWN SECURITIES								Estimated a burden hou	average rs per	
Form 4 orresponse0.5Form 5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,0.5obligationsSection 17(a) of the Public Utility Holding Company Act of 1935 or Section0.5See Instruction30(h) of the Investment Company Act of 19401940												
(Print or Type R	esponses)											
1. Name and Address of Reporting Person *2. IssuerJACOBS JOEY ASymbol				Name and Ticker or Trading					5. Relationship of Reporting Person(s) to Issuer			
Acadia [ACHC				Healthcare Company, Inc.]					(Check all applicable)			
(Month/Da			-					_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) below)				
	EALTHCARE , INC., 6100 To JITE 1000	OWER	12/10/20)15					Chief I	Executive Offic	er	
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 							
FRANKLIN	, TN 37067								Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - No	n-De	erivative S	ecurit	ies Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)		3.4. Securities AcquiredTransaction(A) or Disposed ofCode(D)(Instr. 8)(Instr. 3, 4 and 5)			of	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)					
				Code	V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	12/10/2015			G	V	14,999	D	\$0	267,955	D		
Common Stock									567,649 <u>(1)</u>	I	See Footnote	

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 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. Transactio Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	3	ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships					
r g g g g g g g g g g g g g g g g g g g	Director	10% Owner	Officer	Other		
JACOBS JOEY A ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067	Х	Х	Chief Executive Officer			
Signatures						
/s/ Christopher L. Howard as Attorney in Fact fo Jacobs	12/11/2015					
<u>**</u> Signature of Reporting Person		E	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) Mr. Jacobs expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.

(2) By the Jeremy Brent Jacobs GST Non-Exempt u/a/d 04/26/2011 and Scott Douglas Jacobs GST Non-Exempt Trust u/a/d 04/26/2011.

Remarks:

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

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.