Edgar Filing: TURNER BRENT - Form 4

TURNER BR Form 4											
March 07, 20	Л									PPROVAL	
Washington					S AND EXCHANGE COMMISSION ton, D.C. 20549				OMB Number:	3235-0287	
Check this if no long subject to Section 16 Form 4 or	er STATI 5.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: Estimated a burden hou response	irs per	
Form 5 obligation may conti <i>See</i> Instru- 1(b).	s Section 1 nue. ction	7(a) of the		ility Hold	ing Com	pany	Act o	ge Act of 1934, f 1935 or Sectio 40	n		
(Print or Type R	esponses)										
1. Name and Address of Reporting Person2. IssuerTURNER BRENTSymbol			er Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
	Acadia Healthcare Company, Inc. [ACHC]					(Check all applicable)					
(Last) (First) (Middle) 3. Date of (Month/Da 6100 TOWER CIRCLE, SUITE 03/02/20 1000				-				Director 10% Owner X Officer (give title Other (specify below) below) President			
	(Street) 4. If Amer Filed(Mont				-			 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
FRANKLIN	, TN 37067							Form filed by M Person	Nore than One Ro	eporting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)				SecuritiesIBeneficially(OwnedI	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)			
Common Stock	03/02/2018			А	9,459 (1)	А	\$0	98,440	D		

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2. Conversion	3. Transaction Date		4. Transasti	5.	6. Date Exer		7. Tit		8. Price of	9. Nu Doriv
Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	Execution Date, if any (Month/Day/Year)	Transactio Code (Instr. 8)	of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Secur	rlying	Derivative Security (Instr. 5)	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						
	Director	10% Owner	Officer	Other			
TURNER BRENT 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067	President						
Signatures							
/s/ Christopher L. Howard as Attorney Turner	03/07/2018						
**Signature of Reporting Perso	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 will vest over a 4-year period in equal yearly installments beginning March 2, 2019.

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.