

Acadia Healthcare Company, Inc.
 Form 4
 August 12, 2015

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN 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

(Print or Type Responses)

1. Name and Address of Reporting Person *
 Howard Christopher L

2. Issuer Name and Ticker or Trading Symbol
 Acadia Healthcare Company, Inc.
 [ACHC]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)
 08/10/2015

___ Director ___X___ 10% Owner
 ___X___ Officer (give title below) ___ Other (specify below)
 EVP, GC and Secretary

ACADIA HEALTHCARE COMPANY, INC., 6100 TOWER CIRCLE, SUITE 1000

(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
 ___ Form filed by More than One Reporting Person

FRANKLIN, TN 37067

(City) (State) (Zip)

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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D) Code V Amount Price			
Common Stock	08/10/2015		M	6,464 A \$ 15.96	216,854	D	
Common Stock	08/10/2015		M	4,750 A \$ 29.39	221,604	D	
Common Stock	08/10/2015		M	2,045 A \$ 50.75	223,649	D	

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

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SEC 1474 (9-02)

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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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		
				Code	V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option	\$ 15.96	08/10/2015		M	6,464	03/19/2013 ⁽¹⁾	03/19/2022	Common Stock	6,464
Stock Option	\$ 29.39	08/10/2015		M	4,750	03/29/2014 ⁽²⁾	03/29/2023	Common Stock	4,750
Stock Option	\$ 50.75	08/10/2015		M	2,045	02/27/2015 ⁽³⁾	02/27/2024	Common Stock	2,045

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Howard Christopher L ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067		X	EVP, GC and Secretary	

Signatures

/s/ Christopher L. Howard
08/12/2015

**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) The options vest over a 4-year period in equal annual installments beginning March 19, 2013.
- (2) The options vest over a 4-year period in equal annual installments beginning March 29, 2014.
- (3) The options vest over a 4-year period in equal annual installments beginning February 27, 2015.

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.