

JACOBS JOEY A  
Form 3  
October 31, 2011

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104  
Expires: January 31, 2015  
Estimated average burden hours per response... 0.5

**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

(Print or Type Responses)

1. Name and Address of Reporting Person \*

Â JACOBS JOEY A  
(Last) (First) (Middle)

ACADIA HEALTHCARE COMPANY, INC., Â 830 CRESCENT CENTRE DRIVE, SUITE 610  
(Street)

FRANKLIN, Â TN Â 37067  
(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)  
10/31/2011

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

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director  10% Owner  
 Officer  Other  
(give title below) (specify below)  
Chief Executive Officer

5. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common stock, par value \$0.01 per share	1,330,884	I (1) (2) (3)	Held directly by Acadia Healthcare Holdings, LLC

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)      2. Date Exercisable and Expiration Date      3. Title and Amount of Securities Underlying      4. Conversion      5. Ownership      6. Nature of Indirect Beneficial Ownership

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(Month/Day/Year)	Derivative Security (Instr. 4)	or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
JACOBS JOEY A ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067	X	^	^	^ Chief Executive Officer ^

## Signatures

/s/ Joey A.    10/31/2011  
 Jacobs

\_\_Signature of    Date  
 Reporting Person

## Explanation of Responses:

- \* 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).
- (1) Mr. Jacobs is a member of the board of managers of Acadia Healthcare Holdings, LLC ("Holdings"). As a result, Mr. Jacobs may be deemed to have beneficial ownership of the reported securities.  
  
Holdings will distribute shares of Acadia Healthcare Company, Inc. common stock to its members, which include the Joey A. Jacobs
- (2) 2011 Grantor Annuity Trust (Acadia) (the "Jacobs Trust") and Mr. Jacobs, in respect of their ownership interests prior to the merger of Acadia Healthcare Company, Inc. and PHC, Inc. After such distribution, 1,184,623 of the reported shares will be owned of record by the Jacobs Trust and 146,261 of the reported shares will be owned by Mr. Jacobs.
- (3) Mr. Jacobs expressly disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

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.