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POLSON JACK E Form 4 December 27, 2012 FORM 4 MITED STATES SECURITIES AND EXCHANGE COMMIISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).										
(Print or Type R	Responses)									
1. Name and Address of Reporting Person <u>*</u> POLSON JACK E			assuer Name an bol adia Healthca CHC]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) (First) (Middle) ACADIA HEALTHCARE COMPANY, INC., 830 CRESCENT CENTRE DRIVE, SUITE 610			3. Date of Earliest Transaction(Month/Day/Year)12/24/2012				Director X 10% Owner Officer (give title Other (specify below)			
	(Street) 4. If Amendme Filed(Month/Da				1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person			
FRANKLIN, TN 37067 Form filed by More than One Reporting Person						eporting				
(City)	(State)	(Zip)	Table I - Non-	Derivative	Secur	ities Acc	quired, Disposed of	f, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code Year) (Instr. 8	tion(A) or D (D)	ispose 4 and (A) or	d of	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 Indirect Beneficial Ownership (Instr. 4)	
Common Stock	12/24/2012		S	8,774	D	\$ 21.6	183,823	D		
Common Stock							51,084 <u>(1)</u>	Ι	See 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 Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transac	5. tionNumber	6. Date Exer Expiration D			le and unt of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise an		any (Month/Day/Year)	Code (Instr. 8	Securities Acquired (A) or Disposed of (D)	e	Month/Day/Year)		rlying rities : 3 and 4)	Security (Instr. 5)	Secur Bene Owno Follo Repo Trans (Instr
				Code	(Instr. 3, 4, and 5) V (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repo	rting O	wners			. (1) (1)				Shares		
	Reporting Owner Name / Address				Relationships						

10% Owner

Officer

Other

POLSON JACK E ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067	Х	
Signatures		
/s/ Christopher L. Howard as Attorney in Fact for Jack E. Polson		12/27/2012
<u>**</u> 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).

Director

(1) Mr. Polson expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.

(2) By the Jack E. Polson Family 2012 Grantor Retained Annuity Trust.

Remarks:

Exhibit 24 - Power of Attorney

In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., the reporting person entered int a stockholders agreement with Acadia and certain other stockholders. As a result, he may 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 owne 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.

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