Acadia Healthcare Company, Inc.

Form 4

August 12, 2015

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB APPROVAL OMB

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response...

5. Relationship of Reporting Person(s) to

if no longer subject to Section 16. Form 4 or Form 5

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *

Howard Christopher L Issuer Symbol Acadia Healthcare Company, Inc. (Check all applicable) [ACHC] (Last) (First) (Middle) 3. Date of Earliest Transaction Director X__ 10% Owner X_ Officer (give title _ Other (specify (Month/Day/Year) below) ACADIA HEALTHCARE 08/10/2015 EVP, GC and Secretary COMPANY, INC., 6100 TOWER CIRCLE, SUITE 1000 (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line)

2. Issuer Name and Ticker or Trading

FRANKLIN, TN 37067

(State)

(Zip)

(City)

X Form filed by One Reporting Person Form filed by More than One Reporting Table I. Non Darivative Securities Acquired Disposed of or Panelicially Owned

(- 3)	(******)	Table	e I - Non-D	erivative	Secur	ities Acq	uirea, Disposea oi	, or Beneficiali	y Ownea
1.Title of Security (Instr. 3)		Pransaction Date 2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)			5. Amount of Securities Form: Direct Beneficially (D) or Owned Indirect (I) Following (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
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.

Persons who respond to the collection of SEC 1474 information contained in this form are not (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. Transactic Code (Instr. 8)	5. Number iom 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				
	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 Date
Person

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.

Reporting Owners 2

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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.