

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

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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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 *
TURNER BRENT

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)
02/10/2015

___ Director ___X___ 10% Owner
___X___ Officer (give title below) ___ Other (specify below)
President

ACADIA HEALTHCARE
COMPANY, INC., 830 CRESCENT
CENTRE DRIVE, SUITE 610

(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)
			Code	V	Amount or Price		
Common Stock	02/10/2015		A		5,748 (1)	A	\$ 0 50,744 D
Common Stock	02/10/2015		A		5,000 (2)	A	\$ 0 55,744 D
Common Stock	02/10/2015		A		6,429 (3)	A	\$ 0 62,173 D
Common Stock	02/10/2015		F		6,149	D	\$ 63.93 56,024 D
							206,252 (4) I

Common
Stock

See
Footnote
(5)

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

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(9-02)

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)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Transaction (Instr. 3)
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Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

TURNER BRENT
ACADIA HEALTHCARE COMPANY, INC.
830 CRESCENT CENTRE DRIVE, SUITE 610
FRANKLIN, TN 37067

X President

Signatures

/s/ Christopher L. Howard as Attorney in Fact for Brent
Turner

02/12/2015

**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) Shares received upon vesting of performance vesting restricked stock units awarded on February 27, 2014.
- (2) Shares received upon vesting of performance vesting restricked stock units awarded on March 29, 2013.

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- (3) Shares received upon vesting of performance vesting restricted stock units awarded on March 19, 2012.
- (4) Mr. Turner expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- (5) By the Elizabeth Grace Turner 2011 Vested Trust and the William Jesse Turner 2011 Vested Trust.

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.

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