

Acadia Healthcare Company, Inc.  
 Form 4  
 February 09, 2016

**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 \*  
 DODD FRED THOMAS JR

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)  
 ACADIA HEALTHCARE  
 COMPANY, INC., 6100 TOWER  
 CIRCLE, SUITE 1000  
 (Street)

3. Date of Earliest Transaction  
 (Month/Day/Year)  
 02/24/2015

\_\_\_\_ Director  
 \_\_\_\_ Officer (give title below)  
 \_\_\_X\_\_\_ 10% Owner  
 \_\_\_\_ Other (specify below)

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

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

**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 (A) or (D) Price			
Common Stock	02/24/2015		A	3,000 (1) A \$ 0	47,179	D	
Common Stock	02/05/2016		A	1,250 (2) A \$ 0	48,429	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)	Amount or Number of Shares
Employee Stock Option (right to buy)	\$ 61.65	02/24/2015		A	2,000	02/24/2016 <sup>(3)</sup> 02/24/2025	Common Stock	2,000
Employee Stock Option (right to buy)	\$ 59.72	02/05/2016		A	3,750	02/05/2017 <sup>(4)</sup> 02/05/2026	Common Stock	3,750

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DODD FRED THOMAS JR ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067		X		

## Signatures

/s/ Christopher L. Howard as Attorney in Fact for Fred Thomas Dodd, Jr. 02/09/2016

\_\_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 will vest over a 4-year period in equal yearly installments beginning February 24, 2016.
- (2) Shares will vest over a 4-year period in equal yearly installments beginning February 5, 2017.
- (3) The options will vest over a 4-year period in equal yearly installments beginning February 24, 2016.

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- (4) The options will vest over a 4-year period in equal yearly installments beginning February 5, 2017.

**Remarks:**

In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., the reporting person entered into

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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