Acadia Healthcare Company, Inc.

Form 4

November 04, 2014 **FORM 4**

FUNIVI 4 UNITED		URITIES AND EXCHANG ashington, D.C. 20549	GE COMMISSION	OMB Number: 3235-0287
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). STATE STATE STATE STATE STATE	Expires: January 31, 2005 Estimated average burden hours per response 0.5			
(Print or Type Responses)				
1. Name and Address of Reporting TURNER BRENT	Symbo	ia Healthcare Company, Inc	Issuer C.	Reporting Person(s) to
(Last) (First) ACADIA HEALTHCARE COMPANY, INC., 830 CR CENTRE DRIVE, SUITE 6	(Month 11/03 ESCENT	e of Earliest Transaction n/Day/Year) /2014	DirectorX Officer (give to below)	X 10% Owner title Other (specify below) President
(Street)		mendment, Date Original Month/Day/Year)	Applicable Line) _X_ Form filed by Or	
FRANKLIN, TN 37067			Form filed by Mo Person	ore than One Reporting
(City) (State)	(Zip) Ta	able I - Non-Derivative Securition	ies Acquired, Disposed of,	or Beneficially Owned
1.Title of Security (Month/Day/Year) (Instr. 3)		Code (Instr. 3, 4 and 5)	Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. 7. Nature of Ownership Indirect Form: Beneficial Direct (D) Ownership or Indirect (Instr. 4) (I) (Instr. 4)
Common Stock 11/03/2014		· ·	60.1806 44,996	D
Common Stock			206,252 (3)	I See Footnote (4)

Persons who respond to the collection of

information contained in this form are not

required to respond unless the form

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

SEC 1474

(9-02)

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displays a currently valid OMB control number.

9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr

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. Transacti Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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 11/04/2014

**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) The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on March 14, 2014.
- The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$58.98 to \$62.00, inclusive. The reporting person undertakes to provide to Acadia Healthcare Company, Inc. (Acadia), any security holder of Acadia, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- (3) Mr. Turner expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- (4) By the Elizabeth Grace Turner 2011 Vested Trust and the William Jesse Turner 2011 Vested Trust.

Remarks:

Reporting Owners 2

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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. 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.