## Edgar Filing: Acadia Healthcare Company, Inc. - Form 4

Acadia Healthcare Company, Inc. Form 4 March 31, 2015

March 51, 20	/15										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549									OMB Number:	3235-0287	
Check thi if no long subject to Section 1 Form 4 or	ger <b>STATE</b> 6.	box STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES								January 31, 2005 average rs per 0.5	
Form 4 or Form 5 obligations may continue.response0.5See Instruction 1(b).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 19400.5											
(Print or Type R	Responses)										
Duckworth David M. Symbol				a Healthcare Company, Inc.				5. Relationship of Reporting Person(s) to Issuer			
								(Check all applicable)			
(Month/I				of Earliest Transaction Day/Year) 2015				Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer			
DRIVE, SU	ITE 610							Childri			
				ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
FRANKLIN	I, TN 37067							Form filed by M Person	fore than One Rep	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Executio any	ned n Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Stock	03/29/2015			F	566	D	\$ 71.99	21,394	D		

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

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Tit	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transact	ionNumber	Expiration D	Date	Amou	int of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day	/Year)	Under	rlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	5		(Instr.	. 3 and 4)		Owne
	Security				Acquired			(	,		Follo
	Security				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
											(insu
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration	Title	Number		
						Exercisable	Date	Title			
									of		
				Code V	(A) (D)				Shares		

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## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Duckworth David M. 830 CRESCENT CENTRE DRIVE SUITE 610 FRANKLIN, TN 37067			Chief Financial	Officer				
Signatures								
/s/ Christopher L. Howard as Attorne Duckworth	03/31/2015							
<u>**</u> Signature of Repor		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).

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.