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

Acadia Healthcare Company, Inc. Form 4 March 16, 2017

March 16, 20	017										
FORM	UNITEDS	STATES S		ITIES A hington,			NGE C	OMMISSION	OMB AF OMB Number:	PROVAL 3235-0287	
Check th if no long subject to Section 1 Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	6. Filed purs strue. Section 17(a	uant to Se) of the Pu	ection 16 ablic Ut	SECUR (a) of the	ITIES e Securit ling Con	ies E 1pany	xchange Act of	NERSHIP OF e Act of 1934, 1935 or Section 0	Expires: Estimated a burden hour response		
(Print or Type I	Responses)										
1. Name and A Howard Chi	Address of Reporting F ristopher L	S A	Symbol	Name and Healthcar				5. Relationship of Issuer (Check	Reporting Pers k all applicable		
(Last)	(First) (M		3. Date of Earliest TransactionD				Director		Owner		
				Month/Day/Year) 3/14/2017				XOfficer (give titleOther (specify below) EVP, GC and Secretary			
FRANKLIN	(Street)			ndment, Da th/Day/Year)	-	l		6. Individual or Jo Applicable Line) _X_ Form filed by C Form filed by M	One Reporting Pe	rson	
(City)		Zip)	Tabl	I Non D	orivotivo	Soour	itios A ag	Person	or Ponoficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	-	ed Date, if	3. Transactio Code (Instr. 8)	4. Securit n(A) or Di (Instr. 3,	ties Ad sposed 4 and (A) or	cquired d of (D) 5)	uired, Disposed of 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	
Common	03/14/2017			Code V	Amount 2,482	(D)	Price	203,303	D		
Stock	03/14/2017			А	(1)	А	\$0	205,505	D		
Common Stock	03/14/2017			А	5,026 (2)	А	\$0	208,329	D		
Common Stock	03/14/2017			А	3,373 (3)	А	\$ 0	211,702	D		
Common Stock	03/14/2017			А	3,665 (4)	А	\$ 0	215,367	D		
Common Stock	03/14/2017			F	3,976	D	\$ 42.77	211,391	D		

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

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable Date	Title Number				
									of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Howard Christopher L 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067			EVP, GC and Secretary				

Signatures

/s/ Christopher L.	02/16/2017
Howard	03/16/2017

**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 restricted stock units awarded on February 5, 2016.
- (2) Shares received upon vesting of performance vesting restricted stock units awarded on February 24, 2015.
- (3) Shares received upon vesting of performance vesting restricted stock units awarded on February 26, 2015.
- (4) Shares received upon vesting of performance vesting restricted stock units awarded on February 27, 2014.

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.