

Acadia Healthcare Company, Inc.

Form 3

November 01, 2011

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

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**INITIAL STATEMENT OF 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 \*

Â SHEAR BRUCE A

(Last) (First) (Middle)

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

(Street)

FRANKLIN, Â TN Â 37067

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)

11/01/2011

3. Issuer Name and Ticker or Trading Symbol

Acadia Healthcare Company, Inc. [ACHC]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original Filed(Month/Day/Year)

(Check all applicable)

☒ Director ☐ 10% Owner☒ Officer ☐ Other

(give title below) (specify below)

Executive Vice Chairman

6. Individual or Joint/Group

Filing(Check Applicable Line)

☒ Form filed by One Reporting Person☐ Form filed by More than One Reporting Person**Table I - Non-Derivative Securities Beneficially Owned**1. Title of Security  
(Instr. 4)2. Amount of Securities  
Beneficially Owned  
(Instr. 4)3. Ownership  
Form:  
Direct (D)  
or Indirect  
(I)  
(Instr. 5)4. Nature of Indirect Beneficial  
Ownership  
(Instr. 5)

Common stock, par value \$0.01 per share

337,778

D Â

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**1. Title of Derivative Security  
(Instr. 4)2. Date Exercisable and  
Expiration Date  
(Month/Day/Year)3. Title and Amount of  
Securities Underlying  
Derivative Security4. Conversion  
or Exercise5. Ownership  
Form of6. Nature of Indirect  
Beneficial  
Ownership

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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Stock options	11/01/2011	10/14/2012	Common stock, par value \$0.01 per share	3,751	\$ 11.8	D	Â
Stock options	11/01/2011	11/14/2012	Common stock, par value \$0.01 per share	5,001	\$ 11.6	D	Â
Stock options	11/01/2011	02/18/2013	Common stock, par value \$0.01 per share	5,000	\$ 11	D	Â
Stock options	11/01/2011	11/28/2013	Common stock, par value \$0.01 per share	12,500	\$ 5	D	Â
Stock options	Â <u>(1)</u>	06/15/2014	Common stock, par value \$0.01 per share	5,000	\$ 4.8	D	Â
Stock options	Â <u>(2)</u>	12/14/2014	Common stock, par value \$0.01 per share	7,500	\$ 4.32	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships				Other
	Director	10% Owner	Officer		
SHEAR BRUCE A ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067	Â X	Â	Â Executive Vice Chairman		Â

## Signatures

/s/ Bruce A.  
Shear

11/01/2011

\_\_Signature of  
Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) 3,750 of the stock options were exercisable as of November 1, 2011. The remaining 1,250 stock options are scheduled to vest on June 15, 2012.
  - (2) 3,750 of the stock options were exercisable as of November 1, 2011. Fifty percent of the remaining 3,750 stock options are scheduled to vest on each of December 14, 2011 and December 14, 2012.

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.