

CARPENTER DANNY E

Form 3

November 01, 2011

FORM 3**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

OMB APPROVAL

OMB
Number: 3235-0104Expires: January 31,
2005Estimated average
burden hours per
response... 0.5**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 CARPENTER DANNY E

(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 Issuer5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

☐ Director ☒ 10% Owner☐ Officer ☐ Other
(give title below) (specify below)

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

94,602

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
(Instr. 5)

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Date Exercisable	Expiration Date	Title (Instr. 4)	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

CARPENTER DANNY E
ACADIA HEALTHCARE COMPANY, INC.
830 CRESCENT CENTRE DRIVE, SUITE 610
FRANKLIN, TN 37067

Â Â X Â Â

Signatures

/s/ Danny
Carpenter

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).

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Remarks:

InÂ connectionÂ withÂ theÂ mergerÂ ofÂ AcadiaÂ HealthcareÂ Company,Â Inc.Â ("Acadia")Â andÂ PHC,Â Inc.,Â Mr.Â agreementÂ withÂ AcadiaÂ andÂ certainÂ otherÂ stockholders.Â Â AsÂ aÂ result,Â heÂ mayÂ deemedÂ toÂ beÂ aÂ part.Â suchÂ otherÂ stockholders.Â Â ToÂ theÂ extentÂ Mr.Â CarpenterÂ isÂ deemedÂ aÂ memberÂ ofÂ aÂ group,Â heÂ disclaÂ byÂ otherÂ membersÂ ofÂ theÂ group.

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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