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TURNER BI Form 4	RENT										
March 04, 20)13										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB AF OMB Number:	APPROVAL 3235-0287		
	Check this box								Expires:	January 31,	
if no longer subject to Section 16. Form 4 or				HANGES IN BENEFICIAL OWNERSHIP SECURITIES				NERSHIP OF	Estimated a burden hou response		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a	a) of the l	Public Ut		ling Con	npan	y Act of	e Act of 1934, 1935 or Section 0			
(Print or Type R	Responses)										
TURNER BRENT Symbol			Symbol	uer Name and Ticker or Trading I a Healthcare Company, Inc.				5. Relationship of Reporting Person(s) to Issuer			
[A					e comp			(Check all applicable)			
(Month/D				-				DirectorX 10% Owner X Officer (give title Other (specify below) below)			
COMPANY	EALTHCARE ′, INC., 830 CRE RIVE, SUITE 61		02/28/20)13					President		
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
FRANKLIN	I, TN 37067								Iore than One Re		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	urity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or			d of (D)	Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
a				Code V		(D)	Price	(Instr. 3 and 4)			
Common Stock	02/28/2013			А	6,429 (1)	А	\$0	59,661	D		
Common Stock	02/28/2013			F	1,758	D	\$ 27.22	57,903	D		
Common Stock								236,925 <u>(2)</u>	I	See Footnote	

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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			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		
FURNER BRENT ACADIA HEALTHCARE COMPANY, INC. 330 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067		Х	President			
Signatures						
/s/ Christopher L. Howard as Attorney in Fact for Furner	Brent	03/04/2013				
<u>**</u> 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 restricked stock units awarded on March 19, 2012.
- (2) Mr. Turner expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therin.
- (3) By the William Brent Turner 2011 Grantor Retained Annuity Trust.

Remarks:

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S / T

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"

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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.