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Howard Chr	istopher L										
Form 4											
March 04, 20											
FORM	SECUE	ITIES A	ND FY	^UA	NCEO	COMMISSION		PPROVAL			
		DSIAIEC		hington,			NGE C	201011011551011	OMB Number:	3235-0287	
Check th if no long	aar								Expires:	January 31, 2005	
subject to Section 1 Form 4 c	5 51A1 16.		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES						Estimated average burden hours per response 0.		
Form 5 obligatio may con <i>See</i> Instr 1(b).	tinue. Section	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 l	Responses)										
			2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]				-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
							ine.				
(Last) (First) (Middle) ACADIA HEALTHCARE			3. Date of Earliest Transaction (Month/Day/Year) 02/28/2013					DirectorX 10% Owner X Officer (give title Other (specify below) EVDCC and Security			
COMPANY	, INC., 830 C RIVE, SUITE	RESCENT	02/20/2	515				EVP, C	GC and Secretar	ry	
(Street) 4.			4. If Ame	4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
				ed(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
FRANKLIN	N, TN 37067							_X_ Form filed by C Form filed by M Person			
(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)	2. Transaction Date 2A. Deen (Month/Day/Year) Execution any (Month/E				4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	02/28/2013			А	5,476 (1)	A	\$0	248,597	D		
Common Stock	02/28/2013			F	1,497	D	\$ 27.22	247,100	D		

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Securi (Instr.	int of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu 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		
Howard Christopher L ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067		Х	EVP, GC and Secretary			

Signatures

/s/ Christopher L. 03/04/2013 Howard

**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 March 19, 2012.

Remarks:

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" 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.