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Howard Chri Form 4 March 21, 20	-										
Check thi if no long subject to	I 4 UNITE	Washington, D.C. 20549 x STATEMENT OF CHANGES IN RENEFICIAL OWNERSHIP OF								PPROVAL 3235-0287 January 31, 2005	
Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	6. r Filed p ns inue. Section 1 action	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 20(b) of the Investment Company Act of 1040							Estimated average burden hours per response 0.5		
(Print or Type F 1. Name and A Howard Chi	ddress of Reportin	ng Person <u>*</u>	Symbol	[.] Name and Healthcar]			-	5. Relationship of Issuer (Chec	Reporting Pers k all applicable		
COMPANY	(First) EALTHCARE 7, INC., 830 CF RIVE, SUITE	RESCENT	3. Date of (Month/D 03/19/20	-	ansaction			Director X Officer (give below) EVP, C	titleOthe below) GC and Secreta	er (specify	
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Aca	Person uired, Disposed of	or Beneficial	lv Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Execution any	ned	3.	4. Securi n(A) or Di (Instr. 3,	ties Ad spose 4 and (A) or	cquired d of (D) 5)	5. Amount of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	03/19/2013			F	561	(D) D	Price \$ 28.25	246,539	D		

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

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 Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Under Secur	le and unt of rlying ities . 3 and 4)	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		

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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/ David M. Duckworth as Attorney in Fact for Chr Howard	istopher L.	0	3/21/2013			
** 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).

Remarks:

Exhibit 24 - Power of Attorney.

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 owner 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.