Edgar Filing: Acadia Healthcare Company, Inc. - Form 4

Acadia Healthcare Company, Inc. Form 4 August 15, 2016

August 15, 2	016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL					
Washington, D.C. 20549							OMB Number:	3235-0287				
Check thi if no long	er	STATEMENT OF CHANGES IN BENEFICIAL OWN							Expires:	January 31, 2005		
subject to									Estimated a	verage		
Section 16. SECURITIES Form 4 or							burden hou response	rs per 0.5				
Form 5 obligations may continue. See Instruction 1(b). 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 R	Responses)											
1. Name and Address of Reporting Person * 2. Issuer Fincher Ronald Morgan Symbol Acadia I [ACHC]				Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer				
					e Compa	ny, li	nc.	(Check all applicable)				
			Earliest Transaction				DirectorX_ 10% Owner XOfficer (give title Other (specify					
ACADIA H	EALTHCARE		(Month/D 08/11/20	Day/Year) 016				below) below) Chief Operating Officer				
	, INC., 6100 TO	WER	00,11,2					Chief C	Operating Office	er		
CIRCLE, SU	JITE 1000											
				ndment, Date Original				6. Individual or Joint/Group Filing(Check				
Filed(Mon FRANKLIN, TN 37067				th/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
		(7:						Person				
(City)	(State)	(Zip)	Table	e I - Non-D			-	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (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	08/11/2016			S	10,000	D	\$ 52.5	110,780	D			
Common Stock	08/12/2016			S	4,604	D	\$ 52.5	106,176	D			
Common Stock								86,135 <u>(1)</u>	Ι	See Footnote (2)		

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.

Date

 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. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Secur	unt of rlying	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					
1	Director	10% Owner	Officer	Other		
Fincher Ronald Morgan ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067		Х	Chief Operating Officer			
Signatures						
/s/ Christopher L. Howard as Attorney in Fact for Fincher	Ronald Mor	rgan	08/15/2016			

**Signature of Reporting Person

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) Mr. Fincher expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- (2) By the Ras W. Fincher II Trust u/a/d 09/13/2011, the Morgan M. Fincher Trust u/a/d 09/13/2011 and the Cody C. Fincher Trust u/a/d 09/13/2011.

Remarks:

In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., the reporting person entered int 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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