Acadia Healthcare Company, Inc.

Form 5

February 12, 2015

FORM	5							OMB A	PPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION									3235-036			
Check this no longer s		Was	shington, D.	C. 20549	9			Number: Expires:	January 31			
to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(b) of the Investment Company Act of 1940							Estimated average burden hours per response 1.0					
Form 4 Transaction Reported	ns											
1. Name and Ad POLSON JA	ddress of Reporting P ACK E	Symbol Acadia	Acadia Healthcare Company, Inc.				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(First) (M	iddle) 3. Statemo	[ACHC] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)				Director X 10% Owner Officer (give title below) Other (specify below)					
COMPANY	EALTHCARE , INC., 830 ' CENTRE DRIV											
	(Street)		Filed(Month/Day/Year)					int/Group Reporting				
FRANKLIN	, TN 37067						_X_ Form Filed by M Form Filed by M Person					
(City)	(State) (S	Zip) Table	e I - Non-Deri	vative Sec	urities	s Acqu	ired, Disposed of	, or Beneficial	lly Owned			
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		3. Transaction Code (Instr. 8)	Acquired Disposed	quired (A) or posed of (D) str. 3, 4 and 5) (A) or		5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common Stock	11/25/2014	Â	G	1,600	D	\$0	144,859	D	Â			
Common Stock	Â	Â	Â	Â	Â	Â	51,084 (1)	I	See Footnote			

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amour	nt of	Derivative
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underl	ying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ties	(Instr. 5)
	Derivative				Securities			(Instr. :	3 and 4)	
	Security				Acquired					
	•				(A) or					
					Disposed					
					of (D)					
					(Instr. 3,					
					4, and 5)					
									Amount	
						Date	Expiration		or	
						Exercisable	*	Title Number		
									of	
					(A) (D)				Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
POLSON JACK E						
ACADIA HEALTHCARE COMPANY, INC.	â	ÂΧ	â	â		
830 CRESCENT CENTRE DRIVE, SUITE 610	А	ΑΛ	А	А		
FRANKLIN Â TNÂ 37067						

Signatures

/s/ Christopher L. Howard as Attorney in Fact for Jack E. Polson 02/12/2015

**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) Mr. Polson expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.
- (2) By the Jack E. Polson Family 2013 Grantor Retained Annuity Trust.

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Remarks:

The reporting person is party to a stockholders agreement with Acadia Healthcare Company, Inc. ("A

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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