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

Acadia Healthcare Company, Inc. Form 4 February 20, 2015

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										PROVAL 3235-0287	
Check th			Wa		Number: Expires:	January 31, 2005					
if no lon subject t Section Form 4 o Form 5 obligatio may con <i>See</i> Instr 1(b).	o STATE 16. or Filed pu <sup>nns</sup> Section 17	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF 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 30(h) of the Investment Company Act of 1940									
(Print or Type	Responses)										
1. Name and A Duckworth	Symbol	er Name <b>an</b> Healthca			8	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Mo				of Earliest T Day/Year) 2015	ransactior	1		Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer			
Filed(Mo				endment, D onth/Day/Yea	-	al		<ol> <li>6. Individual or Joint/Group Filing(Check Applicable Line)</li> <li>_X_ Form filed by One Reporting Person Form filed by More than One Reporting</li> </ol>			
	N, TN 37067							Person		porting	
(City)	(State)	(Zip)	Tab	le I - Non-l	Derivativ	e Secu	rities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Date, if	3. Transactic Code (Instr. 8) Code V	omr Dispo (Instr. 3,	sed of 4 and (A) or	5) Price \$	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	02/19/2015			S	9,504	D	62.3118 (1)	20,177	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)

D Se	Title of erivative ecurity nstr. 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. Transac Code (Instr. 8	5. of beriv Secur Acqu (A) o Dispo of (D (Instr 4, and	vative rities ired r osed ) r. 3,			Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
					Code	V (A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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

## **Reporting Owners**

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
Duckworth David M. 830 CRESCENT CENTRE DRIVE SUITE 610 FRANKLIN, TN 37067	Chief Financial (	Officer							
Signatures									
/s/ Christopher L. Howard as Attorne Duckworth	Ι.	02/20/2015							
<u>**</u> Signature of Report		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).

The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$62.30 to \$62.53, inclusive. The reporting person undertakes to provide to Acadia Healthcare Company, Inc. (Acadia), any security holder of (1) Acadia, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at

each separate price within the range set forth in this footnote.

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.