

TURNER BRENT
Form 3
October 31, 2011

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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 Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â TURNER BRENT		(Month/Day/Year)	Acadia Healthcare Company, Inc. [ACHC]	
(Last)	(First)	(Middle)	10/31/2011	
ACADIA HEALTHCARE COMPANY, INC., Â 830 CRESCENT CENTRE DRIVE, SUITE 610			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)	(Check all applicable)			
	<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other
	(give title below)		(specify below)	
	FRANKLIN, Â TN Â 37067		Co-President	
(City)	(State)	(Zip)	6. Individual or Joint/Group Filing(Check Applicable Line)	
			<input checked="" type="checkbox"/> Form filed by One Reporting Person	
			<input type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common stock, par value \$0.01 per share	351,683	I <u>(1)</u> <u>(2)</u> <u>(3)</u>	Held directly by Acadia Healthcare Holdings, LLC

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

SEC 1473 (7-02)

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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date	3. Title and Amount of Securities Underlying	4. Conversion	5. Ownership	6. Nature of Indirect Beneficial Ownership
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(Month/Day/Year)	Derivative Security (Instr. 4)	or Exercise Price of Derivative Security	Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
TURNER BRENT ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067	^	^	^ Co-President	^

Signatures

/s/ Brent Turner 10/31/2011
 **Signature of Date
 Reporting Person

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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. Turner is an executive officer of Acadia Healthcare Holdings, LLC ("Holdings"). As a result, Mr. Turner may be deemed to have beneficial ownership of the reported securities.
 Holdings will distribute shares of Acadia Healthcare Company, Inc. common stock to its members, which include the William Brent Turner 2011 Grantor Retained Annuity Trust (the "Turner Trust") and Mr. Turner, in respect of their ownership interests prior to the merger of Acadia Healthcare Company, Inc. and PHC, Inc. After such distribution, 236,925 of the reported shares will be owned of record by the Turner Trust and 114,758 of the reported shares will be owned of record by Mr. Turner.
- (2) Mr. Turner expressly disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.
- (3) Mr. Turner expressly disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

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.