

Acadia Healthcare Company, Inc.
 Form 3
 November 01, 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)

<p>1. Name and Address of Reporting Person *</p> <p>Â SHEAR BRUCE A</p> <p>(Last) (First) (Middle)</p> <p>ACADIA HEALTHCARE COMPANY, INC., Â 830 CRESCENT CENTRE DRIVE, SUITE 610</p> <p>(Street)</p> <p>FRANKLIN, Â TN Â 37067</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>11/01/2011</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Acadia Healthcare Company, Inc. [ACHC]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below) Executive Vice Chairman</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person</p>
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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	337,778	D	Â

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 (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Stock options	11/01/2011	10/14/2012	Common stock, par value \$0.01 per share	3,751	\$ 11.8	D	Â
Stock options	11/01/2011	11/14/2012	Common stock, par value \$0.01 per share	5,001	\$ 11.6	D	Â
Stock options	11/01/2011	02/18/2013	Common stock, par value \$0.01 per share	5,000	\$ 11	D	Â
Stock options	11/01/2011	11/28/2013	Common stock, par value \$0.01 per share	12,500	\$ 5	D	Â
Stock options	Â ⁽¹⁾	06/15/2014	Common stock, par value \$0.01 per share	5,000	\$ 4.8	D	Â
Stock options	Â ⁽²⁾	12/14/2014	Common stock, par value \$0.01 per share	7,500	\$ 4.32	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SHEAR BRUCE A ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067	Â X	Â	Â Executive Vice Chairman	Â

Signatures

/s/ Bruce A.
Shear

11/01/2011

__Signature of
Reporting Person

Date

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) 3,750 of the stock options were exercisable as of November 1, 2011. The remaining 1,250 stock options are scheduled to vest on June 15, 2012.
 - (2) 3,750 of the stock options were exercisable as of November 1, 2011. Fifty percent of the remaining 3,750 stock options are scheduled to vest on each of December 14, 2011 and December 14, 2012.

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.