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

Acadia Healthcare Company, Inc. Form 4 March 22, 2016

Check this box Check this box								
Washington, D.C. 20549 Number:								
Check this box								
if no longer Expires:	January 31, 2005							
subject to       STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF       Estimate         Section 16.       SECURITIES       burden h         Form 4 or       response	d average ours per							
Form 5 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 See Instruction 30(h) of the Investment Company Act of 1940 1(b).								
(Print or Type Responses)								
GOLDBERG RANDALL P Symbol Issuer	5. Relationship of Reporting Person(s) to Issuer							
Acadia Healthcare Company, Inc. (Check all applica [ACHC]	(Check all applicable)							
(Month/Dav/Year) Officer (give title0	Officer (give title Other (specify							
ACADIA HEALTHCARE 03/19/2016 COMPANY, INC., 6100 TOWER CIRCLE SUITE 1000								
Filed(Month/Day/Year) Applicable Line)	<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>							
FRANKLIN, TN 37067								
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Benefic	cially Owned							
	nip 7. Nature of Indirect Beneficial Ownership (Instr. 4)							
(A) Transaction(s) or (Instr. 3 and 4) Code V Amount (D) Price								
Common 03/19/2016 F 267 D \$ 10,934 D Stock								

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)

1. Title of Derivative Security (Instr. 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. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting of the function of	Director	10% Owner	Officer	Other			
GOLDBERG RANDALL P ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE SUITE 1000 FRANKLIN, TN 37067		Х					
Signatures							
/s/ Christopher L. Howard as Attorney in Fact f Goldberg		03/22/20	16				
<u>**</u> 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).

#### **Remarks:**

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The reporting person is party to a stockholders agreement with Acadia Healthcare Company, Inc. ("Acadia") and certain other stockholders. As a result, he may be deemed to be a part of a "group" with such other stockholders. To the extent the reporting person is deemed a member of a group, he disclaims beneficial ownership of shares owned by other members of the group.

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.