Acadia Healthcare Company, Inc.

Form 4

February 07, 2017

## FORM 4

Check this box

if no longer

subject to

Section 16.

Form 4 or

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

Common

Stock

02/05/2017

(Print or Type Responses)

	Address of Reporting RG RANDALL P	Person *	2. Issuer Symbol	Name and	Ticker or Trading	5. Relationship of Reporting Person(s) to Issuer			
			Acadia [ACHC]		re Company, Inc.	(Check all applicable)			
(Last)	(First)	Middle)	3. Date of (Month/D	Earliest Ti	ransaction	Director _X Officer (given below)			
ACADIA HEALTHCARE			02/05/20	017		below)  VP of Bu	below) siness Development		
COMPAN	Y, INC., 6100 TO	WER				VI 01 Bt	ismess Bevelop	incinc	
CIRCLE S	UITE 1000								
(Street)			4. If Ame	ndment, Da	ate Original	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
			Filed(Mor	nth/Day/Year	·)				
FRANKLI	N, TN 37067					Form filed by I Person	More than One Re	eporting	
(City)	(State)	(Zip)	Tabl	e I - Non-I	Derivative Securities Acq	uired, Disposed o	f, or Beneficial	lly Owned	
1.Title of	2. Transaction Dat	te 2A. Deen	ned	3.	4. Securities Acquired	5. Amount of	6. Ownership	7. Nature o	
Security	(Month/Day/Year)	) Execution	n Date, if	Transacti	on(A) or Disposed of	Securities	Form: Direct	Indirect	
(Instr. 3)		any		Code	(D)	Beneficially	(D) or	Beneficial	

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

(Instr. 8)

Code V

F

(Instr. 3, 4 and 5)

Amount

98

(A)

(D)

D

Price

38.8

(Month/Day/Year)

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

Owned

Following

Reported

8,778

Transaction(s) (Instr. 3 and 4) Indirect (I)

(Instr. 4)

D

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

e of

Ownership

(Instr. 4)

**OMB APPROVAL** 

3235-0287

January 31,

2005

0.5

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Number:

Expires:

response...

Estimated average

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	isable and	7. Titl	e and	8. Price of	9
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration Da	ate	Amou	nt of	Derivative	J
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	,
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)	J
	Derivative				Securities			(Instr.	3 and 4)		(
	Security				Acquired						]
	_				(A) or						J
					Disposed						7
					of (D)						(
					(Instr. 3,						
					4, and 5)						
									A 4		
									Amount		
						Date	Expiration	TC'41	or		
						Exercisable	le Date		Number		
				C 1 17	(A) (D)				of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

GOLDBERG RANDALL P ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE SUITE 1000 FRANKLIN, TN 37067

VP of Business Development

9. Nu Deriv Secu

Owner Follo Repo Trans (Instr

### **Signatures**

/s/ Christopher L. Howard as Attorney in Fact for Randall P. Goldberg

02/07/2017

\*\*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).

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.

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