

Acadia Healthcare Company, Inc.  
 Form 3  
 February 07, 2017

**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 * Â Schwieger Scott (Last) (First) (Middle)  ACADIA HEALTHCARE COMPANY, INC., Â 6100 TOWER CIRCLE, SUITE 1000 (Street)  FRANKLIN, Â TN Â 37067 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 08/01/2016	3. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]	4. Relationship of Reporting Person(s) to Issuer  (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) Chief Compliance Officer	5. If Amendment, Date Original Filed(Month/Day/Year)	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
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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	7,026	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 (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Option	11/16/2015	11/16/2021	Common Stock	1,000	\$ 9.4	D	Â
Stock Option	03/29/2015 <sup>(1)</sup>	03/29/2023	Common Stock	3,000	\$ 29.39	D	Â
Stock Option	02/27/2015 <sup>(2)</sup>	02/27/2024	Common Stock	1,800	\$ 50.75	D	Â
Stock Option	02/24/2016 <sup>(3)</sup>	02/24/2025	Common Stock	1,600	\$ 61.65	D	Â
Stock Option	02/05/2017 <sup>(4)</sup>	02/05/2026	Common Stock	3,000	\$ 59.72	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Schwieger Scott ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067	Â	Â	Â Chief Compliance Officer	Â

## Signatures

/s/ Christopher L. Howard as Attorney in Fact for Scott E. Schwieger

02/07/2017

\_\_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) The options vest in three equal annual installments beginning March 29, 2015.
- (2) The options vest over a 4-year period in equal annual installments beginning February 27, 2015.
- (3) The options vest over a 4-year period in equal annual installments beginning February 24, 2016.
- (4) The options vest over a 4-year period in equal annual installments beginning February 5, 2017.

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### Remarks:

Exhibit 24 - Power of Attorney

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.