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Acadia Healthcare Company, Inc. Form 4 March 16, 2017

March 16, 20)17											
FORM		STATES SECU	DITIES A	ND EV		NCEC	OMMICCION		PPROVAL			
	UNITEDS		shington,			NGE C	UNINISSION	OMB Number:	3235-0287			
Check thi if no long subject to Section 1	6.		F CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES					Expires: Estimated a burden hou	rs per			
Form 4 or Form 5 obligation may cont <i>See</i> Instru 1(b).	Filed purs ns inue. Section 17(a	uant to Section 1) of the Public U 30(h) of the In	Itility Hold	ling Con	npany	Act of	1935 or Section	response	0.5			
(Print or Type F	Responses)											
1. Name and A TURNER B	ddress of Reporting F RENT	Symbol	er Name and			-	5. Relationship of Issuer	Reporting Pers	son(s) to			
			Acadia Healthcare Company, Inc. [ACHC]				(Check all applicable)					
			3. Date of Earliest Transaction (Month/Day/Year)				Director X Officer (give	title Othe	Owner er (specify			
6100 TOWER CIRCLE, SUITE 03/14/2017 1000							below) below) President					
	(Street)		endment, Da onth/Day/Year	-	1		6. Individual or Jo Applicable Line) _X_ Form filed by M Form filed by M	One Reporting Pe	rson			
FRANKLIN	I, TN 37067						Person	lore than One Ke	porung			
(City)	(State) (Zip) Tab	ole I - Non-D) erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned			
1.Title of Security (Instr. 3)	(Month/Day/Year) Execution Date, if Transaction(A) of			4. Securi on(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)					
Common Stock	03/14/2017		А	2,826 (1)	А	\$ 0	64,150	D				
Common Stock	03/14/2017		А	5,529 (2)	А	\$0	69,679	D				
Common Stock	03/14/2017		А	4,801 (3)	А	\$0	74,480	D				
Common Stock	03/14/2017		А	4,070 (4)	А	\$0	78,550	D				
Common Stock	03/14/2017		F	4,710	D	\$ 42.77	73,840	D				

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Common			See
	206,252 (5)	Ι	Footnote
Stock			(6)
			<u> </u>

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)	4. Transactic Code (Instr. 8)	of		ate	Amou Unde Secur	le and unt of rlying rities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner Office		Other			
TURNER BRENT 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067	President						
Signatures							
/s/ Christopher L. Howard as Attorney in Fact for Brent Turner				03/16/2017			
<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).
- (1) Shares received upon vesting of performance vesting restricted stock units awarded on February 5, 2016.
- (2) Shares received upon vesting of performance vesting restricted stock units awarded on February 24, 2015.
- (3) Shares received upon vesting of performance vesting restricted stock units awarded on February 26, 2015.

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- (4) Shares received upon vesting of performance vesting restricted stock units awarded on February 27, 2014.
- (5) Mr. Turner expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therin.
- (6) By the Elizabeth Grace Turner 2011 Vested Trust and the William Jesse Turner 2011 Vested Trust.

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.