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

Acadia Healthcare Company, Inc. Form 4 February 09, 2016

February 09,	2016											
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL				
Washington, D.C. 20549								OMB Number:	3235-0287			
Check this box if no longer CTATENTENTE OF CHANCES IN DENEFLOIAL OWNEDSITE OF								Expires:	January 31, 2005			
subject to Section 16. Form 4 or									average rs per			
Form 4 or Form 5 obligations may continue. See Instruction 1(b). 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 1(b).												
(Print or Type R	esponses)											
JACOBS JOEY A Syn					Ticker or			5. Relationship of Reporting Person(s) to Issuer				
		Acadia Healthcare Company, Inc. [ACHC]					(Check all applicable)					
(Mc			(Month/D	<ol> <li>Date of Earliest Transaction Month/Day/Year)</li> </ol>				_X_ Director _X_ 10% Owner _X_ Officer (give title Other (specify below) below)				
	EALTHCARE , INC., 6100 TO JITE 1000	OWER	02/05/20	)16				· · · · · · · · · · · · · · · · · · ·	Executive Offic	er		
(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person							
FRANKLIN	, TN 37067								Iore than One Re			
(City)	(State)	(Zip)	Table	e I - Non-I	Derivative S	Securit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	curity (Month/Day/Year) Execution Date, if		3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A)			of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
Common				Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	02/05/2016			А	27,797 (1)	А	\$0	295,752	D			
Common Stock								567,649 <u>(2)</u>	I	See Footnote $(3)$		

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

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#### 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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

# **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
JACOBS JOEY A ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067	Х	Х	Chief Executive Officer			
Signatures						
/s/ Christopher L. Howard as Attorney in Fact for Joey A. Jacobs		02/09/2016				
**Signature of Reporting Person		E	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 will vest over a 4-year period in equal annual installments beginning February 5, 2017.

(2) Mr. Jacobs expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein.

(3) By the Jeremy Brent Jacobs GST Non-Exempt u/a/d 04/26/2011 and Scott Douglas Jacobs GST Non-Exempt Trust u/a/d 04/26/2011.

### **Remarks:**

The reporting person is party to a stockholders agreement with Acadia Healthcare Company, Inc. ("Acadia") and certain other

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.