### 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 if no long subject to Section 16 Form 4 or Form 5	<sup>r</sup> STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								January 31, 2005 average irs per 0.5		
may conti	obligations may continue.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 R	esponses)										
1. Name and Address of Reporting Person <u></u> GOLDBERG RANDALL P			2. Issuer Name <b>and</b> Ticker or Trading Symbol Acadia Healthcare Company, Inc.				5. Relationship of Reporting Person(s) to Issuer				
		Acadi [ACH		e Compa	ny, I	nc.	(Check all applicable)				
(Last) ACADIA HI COMPANY CIRCLE SU	(Month 02/24	<ul><li>3. Date of Earliest Transaction</li><li>(Month/Day/Year)</li><li>02/24/2015</li></ul>				Director       X10% Owner         Officer (give title       Other (specify below)					
	(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							More than One R			
(City)	(State) (A	Zip) Ta	ble I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code	(Instr. 3, 4 and 5) (A)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
C			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common Stock	02/24/2015		А	2,600 (1)	А	\$0	10,690	D			
Common Stock	02/05/2016		А	1,000 (2)	А	\$0	11,690	D			

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

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# 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. Number prof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amoun or Numbe of Shares
Employee Stock Option (right to buy)	\$ 61.65	02/24/2015		A	1,600	02/24/2016 <u>(3)</u>	02/24/2025	Common Stock	1,600
Employee Stock Option (right to buy)	\$ 59.72	02/05/2016		A	3,000	02/05/2017 <u>(4)</u>	02/05/2026	Common Stock	3,000

# **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		Х				
Signatures						
/s/ Christopher L. Howard as Attorney in Fact to Goldberg	for Randa	ll P.		02/09/2016		
**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 will vest over a 4-year period in equal yearly installments beginning February 24, 2016.
- (2) Shares will vest over a 4-year period in equal yearly installments beginning February 5, 2017.
- (3) The options will vest over a 4-year period in equal yearly installments beginning February 24, 2016.

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#### (4) The options will vest over a 4-year period in equal yearly installments beginning February 5, 2017.

#### **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.