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

Acadia Healthcare Company, Inc. Form 4 January 27, 2017

January 27, 2	2017										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION							OMB APPROVAL				
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
if no long	ter								Expires:	January 31, 2005	
subject to Section 1 Form 4 o	6. <b>SIAIE</b>	MENT OF	F CHAN	GES IN BENEFICIAL OWNER SECURITIES				NERSHIP OF	Estimated a burden hour response	verage	
Form 5 obligations may continue.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 F	Responses)										
GRIECO WILLIAM Symbol				er Name <b>and</b> Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
				a Healthcare Company, Inc.							
(Last)	(First)	(Middle)	3. Date of (Month/D	Earliest Tra ay/Year)	ansaction			X Director Officer (give	title Othe	Owner r (specify	
	EALTHCARE 7, INC., 6100 TO UITE 1000	OWER	01/03/20	-				below)	below)		
				ndment, Date Original hth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
FRANKLIN	I, TN 37067							Form filed by M Person			
(City)	(State)	(Zip)	Table	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Year		n Date, if	3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	sposed 4 and (A)	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common	01/03/2017			Code V M	Amount 5,000	or (D) A	Price \$ 12.72	(Instr. 3 and 4) 46,261	D		
Stock							12.72				

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. Number on f 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	Amount or Number of Shares
Employee Stock Options (right to buy)	\$ 12.72	01/03/2017		М	5,000	11/01/2011	01/03/2017	Common Stock	5,000

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## **Reporting Owners**

Relationships						
Director	or 10% Owner Offic		Other			
Х						
for Willia	m	01/27	7/2017			
		Da	ate			
	X	Director 10% Owner	Director 10% Owner Officer X For William 01/27			

## **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.