

Acadia Healthcare Company, Inc.

Form 3

July 17, 2013

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIESFiled 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 *

WAUD MELISSA W

(Last)

(First)

(Middle)

2. Date of Event Requiring
Statement

(Month/Day/Year)

12/20/2011

3. Issuer Name **and** Ticker or Trading Symbol
Acadia Healthcare Company, Inc. [ACHC]4. Relationship of Reporting
Person(s) to Issuer5. If Amendment, Date Original
Filed(Month/Day/Year)WAUD CAPITAL PARTNERS,
L.L.C., 300 N. LASALLE
STREET, SUITE 4900

(Street)

(Check all applicable)

☐ Director ☒ 10% Owner
☐ Officer ☐ Other
(give title below) (specify below)

CHICAGO, IL 60654

(City)

(State)

(Zip)

6. Individual or Joint/Group
Filing(Check Applicable Line)
☒ Form filed by One Reporting
Person
☐ Form filed by More than One
Reporting Person**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, par value \$0.01 per share

33,333

D

A

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
Derivative5. 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)
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Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WAUD MELISSA W WAUD CAPITAL PARTNERS, L.L.C. 300 N. LASALLE STREET, SUITE 4900 CHICAGO, IL 60654		X		

Signatures

/s/ Melissa W.
Waud

07/17/2013

**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).

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Remarks:

The reporting person is a member of a "group" with (i) Waud Capital Partners II, L.L.C. ("WCPA Capital Partners Management II, L.P. ("WCPMA II"); (iii) Waud Capital Partners II, L.P. ("WCPA II"); (iv) Waud Capital Partners QP II, L.P. ("WCPA QP II"); (v) WCPA FIF II (Acadia), L.P. ("WCPA FIF II"); (vi) Waud Capital Partners II, L.L.C. ("Waud Affiliates II"); (vii) the Reeve B. Waud 2011 Family Trust; (viii) Waud Family LP"; (ix) Waud Capital Partners III, L.L.C. ("WCPA III LLC"); (x) Waud Capital Partners Management III"; (xi) Waud Capital Partners III, L.P. ("WCPA III"); (xii) Waud Capital Partners QP III, L.P. ("WCPA QP III"); (xiii) WCPA FIF III (Acadia), L.P. ("WCPA FIF III"); (xiv) Waud Capital Affiliates III, L.L.C. ("Waud Affiliates III"); and (xv) Reeve B. Waud. WCPMA II is the general partner of WCPA II, WCPA Q Waud Affiliates II. WCPA II LLC is the general partner of WCPMA II. WCPMA III is the general partner of WCPA III and the Manager of Waud Affiliates III. WCPA III LLC is the general partner of WCPMA III. A member of the Limited Partner Committee of each of WCPMA II and WCPMA III, (B) the manager, advisor of the Reeve B. Waud 2011 Family Trust and (D) the general partner of WCPA LP. A Th are filed separately.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

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