

Acadia Healthcare Company, Inc.

Form 5

February 13, 2014

**FORM 5****UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**Check this box if  
no longer subject  
to Section 16.Form 4 or Form  
5 obligations  
may continue.See Instruction  
1(b).Form 3 Holdings  
Reported  
Form 4  
Transactions  
Reported**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL  
OWNERSHIP OF SECURITIES**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

## OMB APPROVAL

OMB  
Number: 3235-0362Expires: January 31,  
2005Estimated average  
burden hours per  
response... 1.01. Name and Address of Reporting Person \*  
RON FINCHER 2011 GRANTOR  
RETAINED ANNUITY TRUST

(Last) (First) (Middle)

ACADIA HEALTHCARE  
COMPANY, INC., 830  
CRESCENT CENTRE DRIVE,  
SUITE 610

(Street)

2. Issuer Name and Ticker or Trading  
Symbol  
Acadia Healthcare Company, Inc.  
[ACHC]3. Statement for Issuer's Fiscal Year Ended  
(Month/Day/Year)  
12/31/20135. Relationship of Reporting Person(s) to  
Issuer

(Check all applicable)

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

FRANKLIN, TN 37067

4. If Amendment, Date Original  
Filed(Month/Day/Year)

6. Individual or Joint/Group Reporting

(check applicable line)

☒ Form Filed by One Reporting Person  
☐ Form Filed by More than One Reporting  
Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	09/13/2013	830	G	146,861 D \$ 0 0	D	830	

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.**SEC 2270  
(9-02)

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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. Transaction Code (Instr. 8)	5. Number of 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)	8. Price of Derivative Security (Instr. 5)	9. of D S B O E I F (I
					(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares

## Reporting Owners

### Reporting Owner Name / Address

### Relationships

Director 10% Owner Officer Other

RON FINCHER 2011 GRANTOR RETAINED ANNUITY TRUST  
ACADIA HEALTHCARE COMPANY, INC.  
830 CRESCENT CENTRE DRIVE, SUITE 610  
FRANKLIN, TN 37067

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## Signatures

/s/ Joey A. Jacobs, as trustee for Ron Fincher 2011 Grantor Retained Annuity Trust

02/11/2014

\_\_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).

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### Remarks:

InÂ connectionÂ withÂ theÂ mergerÂ ofÂ AcadiaÂ HealthcareÂ Company,Â Inc.Â ("Acadia")Â andÂ PHC,Â Inc.,Â theÂ r  
aÂ stockholdersÂ agreementÂ withÂ AcadiaÂ andÂ certainÂ otherÂ stockholders.Â AsÂ aÂ result,Â itÂ mayÂ deemedÂ to  
withÂ suchÂ otherÂ stockholders.Â ToÂ theÂ extentÂ theÂ reportingÂ personÂ isÂ deemedÂ aÂ memberÂ ofÂ aÂ group,  
ofÂ sharesÂ ownedÂ byÂ otherÂ membersÂ ofÂ theÂ group.

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