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

Acadia Healthcare Company, Inc. Form 4 December 07, 2015

December 07, 20											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549							OMB Number:	3235-0287			
Check this bo	ЭХ	Expires:	January 31,								
if no longer	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								2005		
subject to Section 16.			Estimated a burden hou	•							
Form 4 or	Form 4 or							response	0.5		
Form 5 obligations	*					•	ge Act of 1934,				
may continue	· ·		•	•	· ·		f 1935 or Sectio	n			
See Instruction 1(b).	on	50(ff) of the	e Investment	Compan	y Act	01 19	40				
1(0).											
(Print or Type Resp	oonses)										
1. Name and Address of Reporting Person *2. IssuerDODD FRED THOMAS JRSymbol				8				5. Relationship of Reporting Person(s) to Issuer			
Acadia Healthcare Company,					ny, Iı	ıc.					
		[AC		1			(Check all applicable)				
(Last)	(Last) (First) (Middle) 3. Date of Earliest Transaction					DirectorX 10% Owner					
			th/Day/Year)	-			Officer (give title Other (specify below) below)				
ACADIA HEA			4/2015				,	,			
COMPANY, INC., 6100 TOWER CIRCLE, SUITE 1000											
(Street) 4. If Amendment, Date Original 6. Indi					6. Individual or Jo	idual or Joint/Group Filing(Check					
						Applicable Line)					
FRANKLIN, TN 37067							fore than One Reporting				
PRAINCEIN, I	IN 37007						Person				
(City)	(State) (Zip)	Table I - Non-I	Derivative S	Securi	ties Ac	quired, Disposed of	f, or Beneficial	ly Owned		
	Transaction Date		3.	4. Securi			5. Amount of	1	7. Nature of		
Security (N (Instr. 3)	Month/Day/Year)	Execution Date any	e, if Transacti Code	onAcquired Disposed				Form: Direct (D) or	Indirect Beneficial		
(IIISU: 5)		(Month/Day/Y		(Instr. 8) (Instr. 3, 4 and 5)			Owned		Ownership		
							Following Reported	(Instr. 4)	(Instr. 4)		
					(A)		Transaction(s)				
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)				
Common 1 Stock 1	1/24/2015		S	7,469	D		44,179	D			

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 o Derivati Security (Instr. 3)	ve Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amou Unde Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
DODD FRED THOMAS JR ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067		Х		
Signatures				
/s/ Christopher L. Howard as Attorney in Fact f Dodd, Jr.	12/07/2015			
<u>**</u> 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).

Remarks:

In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., the reporting person entered int a stockholders agreement with Acadia and certain other stockholders. As a result, he may deemed to be a part of a "group" with such other stockholders. To the extent the reporting person is deemed a member of a group, he disclaims beneficial owner of shares owned by other members of the group.

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.