

Acadia Healthcare Company, Inc.
 Form 3
 February 07, 2017

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

OMB APPROVAL

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INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *

Â Schwieger Scott
 (Last) (First) (Middle)

ACADIA HEALTHCARE COMPANY, INC., Â 6100 TOWER CIRCLE, SUITE 1000

(Street)

FRANKLIN, Â TN Â 37067

(City) (State) (Zip)

2. Date of Event Requiring Statement

(Month/Day/Year)
 08/01/2016

3. Issuer Name and Ticker or Trading Symbol
 Acadia Healthcare Company, Inc. [ACHC]

4. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer Other
 (give title below) (specify below)
 Chief Compliance Officer

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

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)

Common Stock

2. Amount of Securities Beneficially Owned (Instr. 4)

7,026

3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)

D Â

4. Nature of Indirect Beneficial Ownership (Instr. 5)

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 Derivative

5. 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) | |
|--------------|---------------------------|-----------------|--------------|----------------------------|----------|---------------------------------------|---|
| Stock Option | 11/16/2015 | 11/16/2021 | Common Stock | 1,000 | \$ 9.4 | D | Â |
| Stock Option | 03/29/2015 ⁽¹⁾ | 03/29/2023 | Common Stock | 3,000 | \$ 29.39 | D | Â |
| Stock Option | 02/27/2015 ⁽²⁾ | 02/27/2024 | Common Stock | 1,800 | \$ 50.75 | D | Â |
| Stock Option | 02/24/2016 ⁽³⁾ | 02/24/2025 | Common Stock | 1,600 | \$ 61.65 | D | Â |
| Stock Option | 02/05/2017 ⁽⁴⁾ | 02/05/2026 | Common Stock | 3,000 | \$ 59.72 | D | Â |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|----------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Schwieger Scott ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067 | Â | Â | Â Chief Compliance Officer | Â |

Signatures

/s/ Christopher L. Howard as Attorney in Fact for Scott E. Schwieger

02/07/2017

__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).

- (1) The options vest in three equal annual installments beginning March 29, 2015.
- (2) The options vest over a 4-year period in equal annual installments beginning February 27, 2015.
- (3) The options vest over a 4-year period in equal annual installments beginning February 24, 2016.
- (4) The options vest over a 4-year period in equal annual installments beginning February 5, 2017.

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Remarks:

Exhibit 24 - Power of Attorney

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.