

Acadia Healthcare Company, Inc.
 Form 4
 June 13, 2017

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2015
 Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

(Print or Type Responses)

1. Name and Address of Reporting Person *
WAUD REEVE B

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Date of Earliest Transaction (Month/Day/Year)
06/09/2017

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

C/O WAUD CAPITAL PARTNERS, L.L.C., 300 N. LASALLE STREET, SUITE 4900

(Street)

4. 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

CHICAGO, IL 60654

(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 Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	V	Amount (A) or (D) Price					
Common Stock, par value \$0.01 per share	06/09/2017		S		50,000 (1)	D	\$ 45.087 (2)	4,246,375 (3)	I	See Footnotes (4) (5) (6)
Common Stock, par value \$0.01 per share								6,110 (7)	D	

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

Waud Capital Affiliates II, L.L.C. ("Waud Affiliates II"), (v) 83,694 shares by Waud Capital Affiliates III, L.L.C. ("Waud Affiliates III"), (vi) 227,335 shares by WCP FIF III (Acadia), L.P. ("WCP FIF III"), (vii) 518,000 shares by Waud Capital Partners QP III, L.P. ("WCP QP III"), (viii) 91,602 shares by Waud Capital Partners III, L.P. ("WCP III"), (ix) 481,113 shares by the Halcyon Trust, (x) 41,765 shares by Waud Family Partners, L.P. ("WFP LP"), (xi) 33,333 shares by Melissa W. Waud, Mr. Waud's wife, (xii) 37,493 shares by WCP LLC and (xiii) 795,667 shares by Crystal Cove LP.

- (4) Waud Capital Partners Management II, L.P. ("WCPM II") is the general partner of WCP II, WCP QP II and WCP FIF II and the manager of Waud Affiliates II. Waud Capital Partners II, L.L.C. ("WCP II LLC") is the general partner of WCPM II. Waud Capital Partners Management III, L.P. ("WCPM III") is the general partner of WCP FIF III, WCP QP III and WCP III and the Manager of Waud Affiliates III. Waud Capital Partners III, L.L.C. ("WCP III LLC") is the general partner of WCPM III.

- (5) Mr. Waud may be deemed to beneficially own the shares of common stock reported herein by virtue of (A) his making decisions for the Limited Partner Committee of each of WCPM II and WCPM III, (B) his being the manager of WCP II LLC and WCP III LLC, (C) his being the general partner of WFP LP, (D) his being the investment advisor of the Halcyon Trust of which Mr. Waud's children are beneficiaries, (E) his being married to Ms. Waud, (F) his being the sole manager of WCP LLC and (G) his being the general partner of Crystal Cove LP.
- (6) Mr. Waud expressly disclaims beneficial ownership of the reported shares except to the extent of his pecuniary interest therein.
- (7) Represents shares held of record for the benefit of WCP LLC.

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.