

Acadia Healthcare Company, Inc.  
 Form 3  
 November 01, 2011

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

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**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)

<p>1. Name and Address of Reporting Person *</p> <p>Â GRIECO WILLIAM</p> <p>(Last) (First) (Middle)</p> <p>ACADIA HEALTHCARE COMPANY, INC., Â 830 CRESCENT CENTRE DRIVE, SUITE 610</p> <p>(Street)</p> <p>FRANKLIN, Â TN Â 37067</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>11/01/2011</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Acadia Healthcare Company, Inc. [ACHC]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner  <input type="checkbox"/> Officer <input type="checkbox"/> Other                  (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person  <input type="checkbox"/> Form filed by More than One Reporting Person</p>
--	---	--	---	---	--

**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	40,500	D	Â

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	4. Conversion or Exercise	5. Ownership Form of	6. Nature of Indirect Beneficial Ownership
---	---	--	---------------------------	----------------------	--

Edgar Filing: Acadia Healthcare Company, Inc. - Form 3

	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Stock options	11/01/2011	04/18/2012	Common stock, par value \$0.01 per share	4,375	\$ 2.2	D	Â
Stock options	11/01/2011	09/30/2012	Common stock, par value \$0.01 per share	2,500	\$ 3	D	Â
Stock options	11/01/2011	11/21/2012	Common stock, par value \$0.01 per share	1,875	\$ 11.32	D	Â
Stock options	11/01/2011	01/08/2013	Common stock, par value \$0.01 per share	2,500	\$ 2.96	D	Â
Stock options	11/01/2011	01/09/2014	Common stock, par value \$0.01 per share	2,500	\$ 5.32	D	Â
Stock options	11/01/2011	06/15/2014	Common stock, par value \$0.01 per share	2,500	\$ 4.8	D	Â
Stock options	11/01/2011	01/06/2015	Common stock, par value \$0.01 per share	2,500	\$ 5.92	D	Â
Stock options	11/01/2011	02/09/2016	Common stock, par value \$0.01 per share	5,000	\$ 8.44	D	Â
Stock options	11/01/2011	01/03/2017		5,000	\$ 12.72	D	Â

			Common stock, par value \$0.01 per share				
Stock options	11/01/2011	12/21/2017	Common stock, par value \$0.01 per share	5,000	\$ 11.36	D	Â
Stock options	11/01/2011	12/18/2018	Common stock, par value \$0.01 per share	5,000	\$ 6	D	Â
Stock options	11/01/2011	12/18/2019	Common stock, par value \$0.01 per share	5,000	\$ 4.32	D	Â
Stock options	11/01/2011	12/16/2020	Common stock, par value \$0.01 per share	5,000	\$ 6.6	D	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GRIECO WILLIAM ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067	Â X	Â	Â	Â

## Signatures

/s/ William F. Grieco  
11/01/2011

\*\*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).

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.