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Fincher Rona	ald Morgan										
Form 4	10										
March 04, 20											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL			
Washington, D.C. 20549								Number:	3235-0287		
Check the	rer								Expires:	January 31, 2005	
if no longer subject to Section 16. Form 4 or Form 5 Filed pursuant to Section				SECUR	ITIES				Estimated average burden hours per response		
obligation may cont <i>See</i> Instru 1(b).	ns Section 17(a) of the 1	Public Ut		ling Con	ipany	y Act of	1935 or Section	1		
(Print or Type F	Responses)										
Fincher Ronald Morgan Symbol			Symbol	Issuer Name and Ticker or Trading abol adia Healthcare Company, Inc.				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			[ACHC]				(Chec.	k all applicable	·)	
(Month				te of Earliest Transaction th/Day/Year) 8/2013				DirectorX 10% Owner X Officer (give title Other (specify below) below) Chief Operating Officer			
CENTRE D	RIVE, SUITE 61	0									
				endment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
FRANKLIN	I, TN 37067							Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date any (Month/Day/Year)(Instr. 3)any (Month/Day/Y		n Date, if	ate, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)				
				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	02/28/2013			А	6,429 (1)	А	\$0	77,398	D		
Common Stock	02/28/2013			F	1,758	D	\$ 27.22	75,640	D		
Common Stock								177,964 <u>(2)</u>	I	See Footnote	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)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 of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactio Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3,	;	ate	7. Titl Amou Under Secur (Instr.	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Fincher Ronald Morgan ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067		Х	Chief Operating Officer				
Signatures							

/s/ Christopher L. Howard as Attorney in Fact for Ronald Morgan Fincher	03/04/2013
<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).
- Shares received upon vesting of performance vesting restricted stock units awarded on March 19, 2012. (1)
- Mr. Fincher expressly disclaims beneficial ownership of the reported securities, except to the extent of his pecuniary interest therein. (2)
- By the Ron Fincher 2011 Grantor Retained Annuity Trust. (3)

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 owne 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.