

GOLDBERG RANDALL P
Form 3
November 01, 2011

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 GOLDBERG RANDALL P
(Last) (First) (Middle)

2. Date of Event Requiring Statement
(Month/Day/Year)
11/01/2011

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

4. Relationship of Reporting Person(s) to Issuer

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

ACADIA HEALTHCARE
COMPANY, INC., Â 830
CRESCENT CENTRE DRIVE,
SUITE 610
(Street)

(Check all applicable)

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

FRANKLIN, Â TN Â 37067
(City) (State) (Zip)

6. Individual or Joint/Group Filing(Check Applicable Line)
X 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)	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	10,433	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 (Instr. 5)
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Date Exercisable	Expiration Date	Title (Instr. 4)	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

GOLDBERG RANDALL P
ACADIA HEALTHCARE COMPANY, INC.
830 CRESCENT CENTRE DRIVE, SUITE 610
FRANKLIN, TN 37067

Â Â X Â Â

Signatures

/s/ Randy
Goldberg

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).

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Remarks:

InÂ connectionÂ withÂ theÂ mergerÂ ofÂ AcadiaÂ HealthcareÂ Company,Â Inc.Â ("Acadia")Â andÂ PHC,Â Inc.,Â Mr.Â agreementÂ withÂ AcadiaÂ andÂ certainÂ otherÂ stockholders.Â Â AsÂ aÂ result,Â heÂ mayÂ deemedÂ toÂ beÂ aÂ part.Â suchÂ otherÂ stockholders.Â Â ToÂ theÂ extentÂ Mr.Â GoldbergÂ isÂ deemedÂ aÂ memberÂ ofÂ aÂ group,Â heÂ disclai byÂ otherÂ membersÂ ofÂ theÂ 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.