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JACOBS JOI Form 4											
November 18	· _										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							COMMISSION	OMB	PPROVAL 3235-0287		
Washington, D.C. 20549Washington, D.C. 20549Check this box if no longer subject to Section 16.StateMent OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIESSource of the public 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						e Act of 1934, f 1935 or Sectio	Expires: January 31 Expires: 2009 Estimated average burden hours per response 0.8				
(Print or Type R	esponses)										
			2. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
COMPANY	^(First) EALTHCARE , INC., 830 CI RIVE, SUITE	RESCENT	3. Date of (Month/Da 11/16/20	-	insaction			_X_ Director _X_ Officer (give below) Chief I	e title Oth below) Executive Offic	er (specify	
FRANKLIN	(Street)			ndment, Dat th/Day/Year)	-					erson	
(City)	(State)	(Zip)	Tabl	I Non D	a ni vativa S	aannit	ios A or	Person uired, Disposed of	f or Ponoficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ear) Executio any	med	3. Transactio Code (Instr. 8)	4. Securiti n(A) or Dis (D) (Instr. 3, 4	ies Actor posed and 5 (A) or	quired of	5. Amount of	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common stock, par value \$0.01 per share	11/16/2011			Code V A	Amount 14,255	(D) A	Price \$ 0	160,516	D		
Common stock, par value \$0.01 per share								1,184,623	I <u>(1)</u>	By the Joey A. Jacobs 2011 Grantor Annuity	

Trust (Acadia)

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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Title a Amount Underly Securitie (Instr. 3	of ing es	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	or Title N of	lumber		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
JACOBS JOEY A ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067	Х	Х	Chief Executive Officer				

Signatures

/s/ Joey A. 11/18/2011 Jacobs **Signature of Date Reporting Person

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).

(1) Mr. Jacobs expressly disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

Remarks:

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In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., Mr. Jacobs entered into a stockl agreement with Acadia and certain other stockholders and may deemed to be part of a "group" with such other stockholders. To the extent Mr. Jacobs is deemed a member of a group, Mr. Jacobs disclaims beneficial ownership of shares owned by other 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.