Acadia Healthcare Company, Inc. Form 3 November 01, 2011 UNITED STATES SECURITIES AND EXCHANGE COMMISSION **OMB APPROVAL** FORM 3 Washington, D.C. 20549 OMB

## **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

4. Relationship of Reporting

(Check all applicable)

\_X\_\_ 10% Owner

Person(s) to Issuer

Director

(Print or Type Responses)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person \* Statement Acadia Healthcare Company, Inc. [ACHC] RON FINCHER 2011 (Month/Day/Year) **GRANTOR RETAINED** 11/01/2011

ANNUITY TRUST

(Last) (First) (Middle)

ACADIA HEALTHCARE COMPANY, INC., Â 830 CRESCENT CENTRE DRIVE, **SUITE 610** 

(Street)			(give title below	w) (specify bel	ow) 6. Individual or Joint/Group Filing(Check Applicable Line)
FRANKLIN	I, TN 37	067			_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person
(City)	(State)	(Zip)	Table I - Non-Derivat	tive Securit	ies Beneficially Owned
1.Title of Secu (Instr. 4)	rity		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			177,694	D <u>(1)</u>	Â
Reminder: Rep owned directly	-	te line for each class of se	ecurities beneficially S	SEC 1473 (7-02	2)

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)

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

5. If Amendment, Date Original

Filed(Month/Day/Year)

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 (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)	

## **Reporting Owners**

Reporting Owner Name / Address		Relationships				
	Director	10% Owner	Officer	Other		
RON FINCHER 2011 GRANTOR RETAINED ANNUITY TRUST ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067	Â	ÂX	Â	Â		
Signatures						
Ron Fincher 2011 Grantor Retained Annuity Trust, by /s/ Ron Fincher trustee	:, as	11/01/2011				
**Signature of Reporting Person			Date			
Explanation of Poenoneoe						

## **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).

In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., the Ron Fincher 2011 Grantor Retained
Annuity Trust (the "Trust") entered into a stockholders agreement with Acadia and certain other stockholders. As a result, the Trust may deemed to be a part of a "group" with such other stockholders. To the extent the Trust is deemed a member of a group, it disclaims

beneficial ownership 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.