

Acadia Healthcare Company, Inc.

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 \*

WILLIAM BRENT TURNER  
2011 GRANTOR RETAINED  
ANNUITY TRUST

(Last) (First) (Middle)

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

(Street)

FRANKLIN, TN 37067

(City) (State) (Zip)

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

(Check all applicable)

\_\_\_\_ Director \_\_\_\_X\_\_\_\_ 10% Owner  
\_\_\_\_ Officer \_\_\_\_ Other  
(give title below) (specify below)

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

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

236,925

D <sup>(1)</sup> A

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)**

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

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

## Reporting Owners

### Reporting Owner Name / Address

### Relationships

Director 10% Owner Officer Other

WILLIAM BRENT TURNER 2011 GRANTOR RETAINED ANNUITY TRUST  
ACADIA HEALTHCARE COMPANY, INC.  
830 CRESCENT CENTRE DRIVE, SUITE 610  
FRANKLIN, TN 37067

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## Signatures

William Brent Turner 2011 Grantor Retained Annuity Trust, by /s/ Brent Turner, its trustee

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).

- (1) In connection with the merger of Acadia Healthcare Company, Inc. ("Acadia") and PHC, Inc., the William Brent Turner 2011 Grantor Retained Annuity Trust (the "Trust") entered into a stockholders agreement with Acadia and certain other stockholders. As a result, the Trust may be 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.