

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 SECURITIESFiled 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 GRIECO WILLIAM

(Last) (First) (Middle)

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

(Street)

FRANKLIN, Â TN Â 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 Issuer5. If Amendment, Date Original
Filed(Month/Day/Year)

(Check all applicable)

☒ Director ☐ 10% Owner
☐ Officer ☐ Other
(give title below) (specify below)6. Individual or Joint/Group
Filing(Check Applicable Line)
☒ 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

40,500

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 Security4. Conversion
or Exercise5. Ownership
Form of6. Nature of Indirect
Beneficial
Ownership

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	Date Exercisable	Expiration Date	(Instr. 4) Title	Amount or Number of Shares	Price of Derivative Security	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	(Instr. 5)
Stock options	11/01/2011	04/18/2012	Common stock, par value \$0.01 per share	4,375	\$ 2.2	D	Â
Stock options	11/01/2011	09/30/2012	Common stock, par value \$0.01 per share	2,500	\$ 3	D	Â
Stock options	11/01/2011	11/21/2012	Common stock, par value \$0.01 per share	1,875	\$ 11.32	D	Â
Stock options	11/01/2011	01/08/2013	Common stock, par value \$0.01 per share	2,500	\$ 2.96	D	Â
Stock options	11/01/2011	01/09/2014	Common stock, par value \$0.01 per share	2,500	\$ 5.32	D	Â
Stock options	11/01/2011	06/15/2014	Common stock, par value \$0.01 per share	2,500	\$ 4.8	D	Â
Stock options	11/01/2011	01/06/2015	Common stock, par value \$0.01 per share	2,500	\$ 5.92	D	Â
Stock options	11/01/2011	02/09/2016	Common stock, par value \$0.01 per share	5,000	\$ 8.44	D	Â
Stock options	11/01/2011	01/03/2017		5,000	\$ 12.72	D	Â

			Common stock, par value \$0.01 per share				
Stock options	11/01/2011	12/21/2017	Common stock, par value \$0.01 per share	5,000	\$ 11.36	D	Â
Stock options	11/01/2011	12/18/2018	Common stock, par value \$0.01 per share	5,000	\$ 6	D	Â
Stock options	11/01/2011	12/18/2019	Common stock, par value \$0.01 per share	5,000	\$ 4.32	D	Â
Stock options	11/01/2011	12/16/2020	Common stock, par value \$0.01 per share	5,000	\$ 6.6	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
GRIECO WILLIAM ACADIA HEALTHCARE COMPANY, INC. 830 CRESCENT CENTRE DRIVE, SUITE 610 FRANKLIN, TN 37067	Â X	Â	Â	Â

Signatures

/s/ William F.
Grieco

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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

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