

Howard Christopher L  
 Form 5  
 February 07, 2018

# FORM 5

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).  
 Form 3 Holdings Reported Form 4 Transactions Reported

**ANNUAL STATEMENT OF CHANGES IN 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

1. Name and Address of Reporting Person \*  
 Howard Christopher L

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)  
 12/31/2017

Director  10% Owner  
 Officer (give title below)  Other (specify below)  
 EVP, GC and Secretary

ACADIA HEALTHCARE COMPANY, INC., 6100 TOWER CIRCLE, SUITE 1000

(Street)

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

6. Individual or Joint/Group Reporting

(check applicable line)

FRANKLIN, TN 37067

Form Filed by One Reporting Person  
 Form Filed by More than One Reporting Person

(City) (State) (Zip)

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
Common Stock	11/09/2017	^	G <sup>(1)</sup>	60,000 D \$ 0	87,286	D	^
Common Stock	11/09/2017	^	G <sup>(1)</sup>	60,000 A \$ 0	60,000	I	By Spouse
Common Stock	12/04/2017	^	G <sup>(2)</sup>	60,000 D \$ 0	27,286	D	^

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Common Stock	12/04/2017	Â	G <sup>(2)</sup>	60,000	A	\$ 0	120,000	I	See Footnote (3)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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(9-02)

**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. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. of D S B O E I F (I
					(A) (D)	Date Exercisable	Expiration Date	Title Number of Shares	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Howard Christopher L ACADIA HEALTHCARE COMPANY, INC. 6100 TOWER CIRCLE, SUITE 1000 FRANKLIN, TN 37067	Â	Â	Â EVP, GC and Secretary	Â

## Signatures

/s/Christopher L.  
Howard

02/07/2018

\*\*Signature of Reporting  
Person

Date

## 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) This transaction involved a gift of securities by the reporting person to his spouse, Angie Howard.
- (2) On December 4, 2017, the reporting person contributed 60,000 shares of common stock to the Christopher L. Howard Family 2017 Grantor Retained Annuity Trust for the benefit of himself and his children. The reporting person's spouse is trustee of the trust.
- (3) By the Christopher L. Howard Family 2017 Grantor Retained Annuity Trust and the Angie Parrott Howard Family 2017 Grantor Retained Annuity Trust. Includes 60,000 shares previously held by Angie Howard that were distributed to the Angie Parrott Howard

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Family 2017 Grantor Retained Annuity Trust. The reporting person is trustee of the Angie Parrott Howard Family 2017 Grantor Retained Annuity Trust.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.