

Acadia Healthcare Company, Inc.
 Form 3
 July 17, 2013

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 * WAUD MELISSA W (Last) (First) (Middle) WAUD CAPITAL PARTNERS, L.L.C., 300 N. LASALLE STREET, SUITE 4900 (Street) CHICAGO, IL 60654 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 12/20/2011	3. Issuer Name and Ticker or Trading Symbol Acadia Healthcare Company, Inc. [ACHC]	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input type="checkbox"/> Director <input checked="" type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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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	33,333	D	À

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

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WAUD MELISSA W WAUD CAPITAL PARTNERS, L.L.C. 300 N. LASALLE STREET, SUITE 4900 CHICAGO, IL 60654	^	^ X	^	^

Signatures

/s/ Melissa W.
Waud

07/17/2013

**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).

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Remarks:

The reporting person is a member of a "group" with (i) Waud Capital Partners II, L.L.C. ("WCPA Capital Partners Management II, L.P. ("WCPMA II"); (iii) Waud Capital Partners II, L.P. ("WCPA II"); Partners QP II, L.P. ("WCPA QP II"); (v) WCPA FIF II (Acadia), L.P. ("WCPA FIF II"); (vi) Waud II, L.L.C. ("Waud Affiliates II"); (vii) the Reeve B. Waud 2011 Family Trust; (viii) Waud Family LP"; (ix) Waud Capital Partners III, L.L.C. ("WCPA III LLC"); (x) Waud Capital Partners Management III"; (xi) Waud Capital Partners III, L.P. ("WCPA III"); (xii) Waud Capital Partners QP III, L.P. ("QP III"); (xiii) WCPA FIF III (Acadia), L.P. ("WCPA FIF III"); (xiv) Waud Capital Affiliates III, L.L.C. Affiliates III"; and (xv) Reeve B. Waud. WCPMA II is the general partner of WCPA II, WCPA Q Waud Affiliates II. WCPA II LLC is the general partner of WCPMA II. WCPMA III is the general III and the Manager of Waud Affiliates III. WCPA III LLC is the general partner of WCPMA III. member of the Limited Partner Committee of each of WCPMA II and WCPMA III, (B) the manager advisor of the Reeve B. Waud 2011 Family Trust and (D) the general partner of WCPA LP. These are filed separately.

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.