Acadia Healthcare Company, Inc.

Form 3

July 17, 2013

FORM 3

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

OMB

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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, response... 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 *

À CRYSTAL COVE LP

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

12/17/2012

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

Acadia Healthcare Company, Inc. [ACHC]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

WAUD CAPITAL PARTNERS, L.L.C., Â 300 N. LASALLE STREET, SUITE 4900

(Street)

(Check all applicable)

X 10% Owner Director Officer Other (give title below) (specify below)

6. Individual or Joint/Group

Filing(Check Applicable Line) _X_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

CHICAGO, ILÂ 60654

(City) (State)

(Instr. 4)

1. Title of Security

(Zip)

Table I - Non-Derivative Securities Beneficially Owned

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership

4. Nature of Indirect Beneficial Ownership

Form:

Direct (D) or Indirect (Instr. 5)

(I)

(Instr. 5)

Common stock, par value \$0.01 per share

795,667

Â D

Reminder: Report on a separate line for each class of securities beneficially

owned directly or indirectly.

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)

Expiration Date (Month/Day/Year)

2. Date Exercisable and 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)

4. 5. Ownership Conversion or Exercise Form of

6. Nature of Indirect Beneficial Ownership (Instr. 5)

Price of Derivative Derivative Security:

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Date Expiration Title Amoun Exercisable Date Number Shares

Amount or Security Number of Direct (D) or Indirect (I) (Instr. 5)

Reporting Owners

Reporting Owner Name / Address

Director 10% Owner Officer Other

CRYSTAL COVE LP

WAUD CAPITAL PARTNERS, L.L.C. 300 N. LASALLE STREET, SUITE 4900 CHICAGO, ILÂ 60654

Â X Â Â

Signatures

/s/ Reeve B. Waud, General Partner of Crystal Cove LP

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.C. ("WCP Capital Partners Management II, L.P. ("WCPM II"); (iii) Waud Capital Partners II, L.P. ("WCP II");A Partners QP II, L.P. ("WCP QP II"); (v) WCP FIF II (Acadia), L.P. ("WCP FIF II"); (vi) Waud II, L.L.C. ("Waud Affiliates II"); (vii) the Reeve B. Waud 2011 Family Trust; (viii) Waud Family L.P.); (ix) Waud Capital Partners III, L.L.C. ("WCP III"); (xi) Waud Capital Partners Management III"); (xi) Waud Capital Partners III, L.P. ("WCP III"); (xii) Waud Capital Partners QP III, L.P. ("WCP III"); (xii) Waud Capital Partners QP III, L.P. ("WCP FIF III"); (xiv) Waud Capital Partners III, L.P. ("WCP FIF III"); (xiv) Waud Capital Partners III, L.J.A ffiliates III"); (xv) Reeve B. Waud; (xvi) Melissa W. Waud and (xvii) Waud Capital Partners, L.I II is the general partner of WCP II, WCP QP II, WCP FIF III, and the Manager of Waud Affi of WCPM II. WCPM III is the general partner of WCPM III. WCP QP III and WCP III and WCP III and WCP III and WCP III LLC (C) the investr (D) the general partner of Crystal Cove LP and WFP LP and (E) the sole manager of WCP LI 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.

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