Acadia Healt Form 4 July 17, 2013	hcare Company,	Inc.										
										PPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287				
Check thi if no long subject to Section 1 Form 4 or	statement of changes in Beneficial owners							NERSHIP OF	Expires: Estimated a burden hou response	irs per		
Form 5 obligations may continue. See Instruction 1(b). 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 R	Responses)											
I ONDONI MATTUEW			2. Issuer Symbol	2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer			
	Acadia Healthcare Company, Inc. [ACHC]					(Check all applicable)						
			3. Date of (Month/Da	Earliest Tra ay/Year)	ansaction			XDirector10% Owner Officer (give titleOther (specify Delaw)				
WAUD CAPITAL PARTNERS, L.L.C., 300 N. LASALLE STREET, SUITE 490004/30/2013below)below)												
				Amendment, Date Original (Month/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
CHICAGO,	IL 60654							Form filed by Person	More than One R	eporting		
(City)	(State)	(Zip)	Table	e I - Non-D	erivative S	Securi	ties Ac	quired, Disposed o	f, or Beneficia	lly Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution any	med on Date, if Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5))	Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
~				Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common stock, par value \$0.01 per share	04/30/2013			D <u>(1)</u>	3,280	D	\$ 0	1,640	D			
Common stock, par value \$0.01 per share	04/30/2013			J <u>(2)</u>	1,640	D	\$ 0	0	D			

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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)	4. Transactic Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Relationships

10% Owner Officer Other

Director

Х

Reporting Owners

Reporting Owner Name / Address

LONDON MATTHEW WAUD CAPITAL PARTNERS, L.L.C. 300 N. LASALLE STREET, SUITE 4900 CHICAGO, IL 60654

Signatures

/s/ Matthew A. London	07/17/2013				
<u>**</u> 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).

Represents shares previously issued to Mr. London for the benefit of Waud Capital Partners, L.L.C. ("WCP LLC") which were cancelled
 (1) in connection with Mr. London's departure from the Acadia Healthcare Company, Inc. board of directors (the "Acadia Board") effective April 30, 2013.

(2) Represents shares previously issued to Mr. London for the benefit of WCP LLC which vested and were issued to WCP LLC in connection with Mr. London's departure from the Acadia Board effective April 30, 2013.

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.