FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549

STATEMENT	OF	CHANGES	IN	BENEFICIAL	OWNERSHII
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OMB APP	ROVAL									
OMB Number:	3235-0287									
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Last) PRIVIA	ra Parth (F HEALTH (Reporting Person* irst) GROUP, INC.	(Middle)		- P	. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [PRVA] . Date of Earliest Transaction (Month/Day/Year) 19/23/2022						(Ch	eck all appl Direct Office	onship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title below) President and COO			vner		
950 N. G (Street) ARLING (City)	TON V	A state)	22203 (Zip)		4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	e) X Form Form					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact						2	2A. De		3. Transa		4. Securitie	es Acquire	d (A) or	5. Amo	unt of			7. Nature of	
Date (Mor					/Day/Ye	ay/Year) if any (Month/Day/Ye			Code (Instr. 8)		(4)		· ·	Benefic Owned Report	neficially ned Following		r Indirect str. 4)	Beneficial Ownership (Instr. 4)	
Common Stock, \$0.01 par value per share 09/2				09/2	23/202	2022		Code	v	279,820	(D)	Price \$2	(Instr. 3	7,217	ınd 4)				
Common Stock, \$0.01 par value per share 09/23/				23/202	2022		S ⁽¹⁾		166,097	97 D \$34		211,120			D				
Common Stock, \$0.01 par value per share 09/23/2				23/202	2022		S ⁽¹⁾		113,729	729 D \$34		97,391			D				
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	Date Execution (Month/Day/Year) if any	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (l 8)				6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title an of Securit Underlyin Derivative (Instr. 3 an	g Security	8. Price of Derivative Security (Instr. 5)		e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amount or Number of Shares	unt (Instr. 4)					
Stock Option (Right to Purchase)	\$2	09/23/2022			M			279,826	(4)		08/27/2033	Common Stock	279,826	\$0	605,6	51	D		

Explanation of Responses:

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on August 15, 2022.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$33.37 to \$34.36 per share. The reporting person undertakes to provide to Privia Health Group, Inc., any security holder of Privia Health Group, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth herein.
- 3. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$34.77 to \$34.72 per share. The reporting person undertakes to provide to Privia Health Group, Inc., any security holder of Privia Health Group, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth herein.
- 4. Reflects stock options to purchase shares of common stock of the Issuer under the Plan. Prior to the transactions reported in this Form 4, 611,918 of the stock options are fully vested and exercisable. 273,559 of the stock options will vest on October 29, 2022.

Remarks:

/s/ Thomas Bartrum, as attorney-in-fact

09/27/2022

** Signature of Reporting Person

Date

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

- * 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).

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

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 Number.