FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
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Check this box if no longer subject to	STA
Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

## TEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Bartrum Thomas</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol Privia Health Group, Inc. [ PRVA ]								Relationship eck all appli Directo	cable) or	g Per	10% Ov	vner	
(Last) (First) (Middle) PRIVIA HEALTH GROUP, INC.				3. Date of Earliest Transaction (Month/Day/Year) 07/03/2023								helow)	icer (give title Other (sp low) below)  EVP, General Counsel			респу		
950 N. GLEBE RD., SUITE 700				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	GTON V	A	22203			X Form filed by One Reporting Person Form filed by More than One Reporting Person												
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication													
			X	X Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - No	n-Deriv	ative	Sec	urit	ies Ac	quired	Dis	sposed o	f, or Be	neficial	ly Owne	t			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Exe if a	A. Deemed xecution Date, any Ionth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefic	es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	Transac	Transaction(s) (Instr. 3 and 4)			(501 4)	
Common Stock, \$0.01 par value per share 07/0			07/03/	2023				M		15,000	A	\$2	12	121,114		D		
Common	Stock, \$0.0	01 par value per	share	07/03/	.023			S <sup>(1)</sup>		15,000	D	\$25.68	106,114			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	3. Transaction Date (Month/Day/Year)	3A. Deer Execution if any (Month/E	on Date,	4. Transac Code (Ir 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date E Expiratio (Month/D	n Dat		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e   (	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amount or Number of Shares					
Stock Option (Right to	\$2	07/03/2023			M			15,000	(3)		08/27/2033	Common Stock	15,000	\$0	95,784	4	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 30, 2022.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$25.39 to \$26.11 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. All stock options are fully vested and exercisable.

## Remarks:

/s/ Thomas Bartrum

07/06/2023

\*\* 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.