FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasi ii iytori,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	OMB APPROVAL								
OMB Number:	3235-0287								
Estimated average burden									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

Name and Address of Reporting Person* Bartrum Thomas						2. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [PRVA]									tionship of Reporting all applicable) Director Officer (give title		g Pers	on(s) to Iss 10% Ov Other (s	vner		
(Last) PRIVIA 950 N. G		3. Date of Earliest Transaction (Month/Day/Year) 02/03/2023										below) below) EVP, General Counsel									
(Street) ARLING			22203 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										or Joint/Group Filing (Check Applicable In filed by One Reporting Person In filed by More than One Reporting					
(City)	(3	·		n-Deriv	 /ative	e Sec	curit	ies Ac	quired	, Dis	sposed o	f, or Be	neficia	ally (Owned						
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		r) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			5. Amou Securiti Benefic Owned		es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price		Reported Transact (Instr. 3	tion(s)			(Instr. 4)				
Common Stock, \$0.01 par value per share			02/03/	2/03/2023				M		15,000	A	\$2		106,355		D					
Common Stock, \$0.01 par value per share				02/03/	2/03/2023				S ⁽¹⁾		11,100	D	\$26.3	3 <mark>2</mark> (2)	95	255		D			
Common Stock, \$0.01 par value per share 02/0				02/03/	/2023	2023			S ⁽¹⁾		3,900	D	D \$27.24 ⁽³⁾		91,355			D			
		-	Table II -								osed of, convertil				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transact Code (In: 8)				6. Date E Expiration (Month/I	on Da			ies g Security	D	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amoun or Numbe of Shares	r							
Stock Option (Right to Purchase)	\$2	02/03/2023			М			15,000	(4)		08/27/2033	Common Stock	15,00	0	\$2	176,22	8	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 \$25.95 to \$26.78 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 \$26.99 to \$27.61 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. All stock options are fully vested and exercisable

Remarks:

/s/ Thomas Bartrum

02/07/2023

** 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.