FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549	
------------------------	--

STATEMENT	OF	CHANGES	IN B	ENEFIC	IAL	OWNE	RSHIP

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

Name and Address of Reporting Person* Mehrotra Parth						2. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [PRVA]									tionship of Reporting all applicable) Director Officer (give title		10% Ow		vner	
(Last) (First) (Middle) PRIVIA HEALTH GROUP, INC. 950 N. GLEBE RD., SUITE 700					11/	3. Date of Earliest Transaction (Month/Day/Year) 11/16/2021								X	below) below) President and COO					
(Street) ARLING (City)			22203 (Zip)		_ 4.									Indiv ne) X	idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transa Date				2. Transac	ction	ion 2A. Deemed			Transaction Disposed Code (Instr.		4. Securitie	of, or Beneficial ies Acquired (A) or Of (D) (Instr. 3, 4 and 5			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Stock, \$0.0	01 par value per	share	11/16/	2021	21		M		5,000	A	\$2	150		0,216		D			
Common	n Stock, \$0.01 par value per share 11/1		11/16/				S ⁽¹⁾		500	D	\$29.72			19,716		D				
Common Stock, \$0.01 par value per share 11/16		11/16/	2021	021			S ⁽¹⁾		4,500	4,500 D \$30.77			14	5,216		D				
		Т	able II								posed of converti				wned					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) (Month/Day/Year) 3. Transaction Date Execution Date if any (Month/Day/Year)		on Date,	4. Transaction Code (Instr. 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly Ow For Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Numbe of Shares							
Stock Option (Right to	\$2	11/16/2021			M			5,000	08/28/2	018	08/27/2033	Common Stock	5,000		\$0	1,881,08	84	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 11, 2021.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$29.36 to \$29.92 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 \$30.44 to \$31.07 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.

Remarks:

/s/ Thomas Bartrum, EVP, General Counsel

11/17/2021

** 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.