FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

								,,,,,,,			1 7								
Name and Address of Reporting Person* Mehrotra Parth						2. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [PRVA]								heck all ap Dire			son(s) to Iss 10% Ov Other (s	vner	
(Last) (First) (Middle) PRIVIA HEALTH GROUP, INC. 950 N. GLEBE RD., SUITE 700						3. Date of Earliest Transaction (Month/Day/Year) 04/10/2023								X belo			below)	эрсспу	
					_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) ARLINGTON VA 22203													X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(5	State)	(Zip)		-									Per	son				
		Tal	ole I - No	n-Deri	vativ	e Se	curit	ies Ac	quired,	Dis	posed o	f, or Be	neficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L				Execution Date,		Transaction Disposed Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 a		d Secu Bene Owne	icially d Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) or (D) Pri		Trans	orted saction(s) r. 3 and 4)			(Instr. 4)		
Common Stock, \$0.01 par value per share 04/1					0/202	/2023			М		290	A	\$2	2	97,681		D		
Common Stock, \$0.01 par value per share 04/				04/1	0/202	:3			S ⁽¹⁾		290	D	\$2	8	97,391		D		
Common Stock, \$0.01 par value per share 04/11				1/202	/2023			M		33,91	6 A	\$2	2 1	31,307		D			
Common Stock, \$0.01 par value per share 04/11			1/202	/2023			S ⁽¹⁾		33,91	6 D	\$28.	1(2)	97,391		D				
			Table II -						,			or Ben		y Owne	I				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr 8)				6. Date Ex Expiration (Month/Da	Date	•	d 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivati Security	e derivativ	e es ally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares	1					
Stock Option (Right to Purchase)	\$2	04/10/2023			M			290	(3)		12/04/2034	Common Stock	290	\$0	212,3	23	D		
Stock Option (Right to Purchase)	\$2	04/11/2023			M			14,674	(3)		12/04/2034	Common Stock	14,674	\$0	197,6	649	D		
Stock Option (Right to	\$2	04/11/2023			M			19,242	(3)		09/07/2035	Common Stock	19,242	2 \$0	49,04	40	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 \$28.00 to \$28.45 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, as attorney-in-fact

04/12/2023

** 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.