Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

I

| 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 [*] Mountcastle David | | on* | 2. Issuer Name and Ticker or Trading Symbol <u>Privia Health Group, Inc.</u> [PRVA] | | tionship of Reporting Pers all applicable) Director | 10% Owner | | | | |
|---|---------------------------|----------|--|-------------------|---|---|--|--|--|--|
| (Last) PRIVIA HEAL | (First) TH GROUP, INC. | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024 | X | Officer (give title below) EVP & Chief Financ | Other (specify below) ial Officer | | | | |
| 950 N. GLEBE | RD., SUITE 700 | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | (Check Applicable | | | | | | |
| | | | | X | Form filed by One Reporting Person | | | | | |
| (Street) ARLINGTON | VA | 22203 | | | Form filed by More than Person | One Reporting | | | | |
| (City) | y) (State) (Zip) | | Rule 10b5-1(c) Transaction Indication | | | | | | | |
| | | | 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. | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | Securities Beneficially | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--|--|---|---|-----------|---------------|-------------------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock, par value \$0.01 per share | 03/08/2024 | | A | | 38,058(1) | Α | \$ <mark>0</mark> | 210,596 | D | |
| Common Stock, \$0.01 par value per share | | | | | | | | 8,695 | Ι | By spouse |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (e.g., paro, variante, optione, convertible occurrice) | | | | | | | | | | | | | | | |
|--|---|--|---|------------------------------|---|-----------|-----|---------------------|---|-------|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | 5. Number | | Expiration Da | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Reflects restricted stock units under the 2021 Omnibus Incentive Plan that will vest in substantially equal annual installments on the first, second and third anniversaries of the grant date, generally subject to continued service throughout such dates.

Remarks:

/s/ Anita Beth Adams, as attorney-in-fact

03/15/2024

** 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.