FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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>Butler Jeffrey B</u>						2. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [PRVA]								(Check all appli		licable) tor		rerson(s) to Issuer		
(Last) (First) (Middle) PRIVIA HEALTH GROUP, INC. 950 N. GLEBE RD., SUITE 700.						Date of Earliest Transact 1/10/2022				action (Month/Day/Year)					Office below	er (give title		Other (below)	specify	
(Street) ARLINGTON VA 22203					4. If A	If Amendment, Date of				of Original Filed (Month/Day/				1			up Filing (Check Ane Reporting Persore than One Rep		on	
(City)	(S	tate) (2	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						eemed ution Date :h/Day/Yea	,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			or 1 and	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								-	Code	v	Amount	(A) or (D)	Pri	се	Transac (Instr. 3	tion(s)			,iii3ti. 1)	
Common Stock, \$0.01 par value per share 11/10/					022				S ⁽¹⁾		19,900	D	\$2	\$26.7(2) 2,72		29,489	D			
Common Stock, \$0.01 par value per share 11/10/2					022				S ⁽¹⁾		100	D	\$2	\$27.14 2,729		29,389	D			
Common Stock, \$0.01 par value per share															870	0,100	I	i 1 1	Held indirectly through Butler Family Trust	
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)	ative Conversion Date rity or Exercise (Month/Day/Year) if		if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration Da (Month/Day/Y		isable and	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	m: ect (D) ndirect	Beneficial Ownership t (Instr. 4)	
					Code	v	(A) (D		Date Exercis	sable	Expiration Date		Amou or Numb of Share	er						

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 18, 2022.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$26.14 to \$27.11 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.

Remarks:

/s/ Thomas Bartrum, as attorney-in-fact

11/15/2022

** 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.