FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

.9	C. 20549	D.C.	Washington,

OMB Number:	3235-0287
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**OMB APPROVAL** 

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(n). See Instruction 10.

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*     McCarthy Thomas A					2. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [ PRVA ]										k all app Direc	licable) tor	ng Pers	Person(s) to Issuer 10% Owner		
	HEALTH	GROUP, INC.	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/21/2024									Officer (give title Other (specify below) below)						
950 N. G  (Street)  ARLING  (City)	STON V.		22203 Zip)		4. If A	mendr	ment, [	Date of	f Origina	I Filed	I (Month/Da	y/Year	)	6. Ind Line)	Form	r Joint/Grou filed by On filed by Mo on	e Repo	orting Perso	on	
(5.13)	(0			n-Deriva	tive S	ecur	rities	Acq	uired,	Dis	oosed of	, or E	Bene	ficially	/ Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					5. Amo Securit Benefic Owned	ties cially Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount		(A) or (D) Pr		Transa	ansaction(s) nstr. 3 and 4)			(		
Common Stock, \$0.01 par value per share 08/2			08/21/2	2024				<b>G</b> <sup>(1)</sup>		41,487	D	)	\$ <mark>0</mark>	11,124		D				
Common Stock, \$0.01 par value per share 08/21/2			2024			<b>G</b> <sup>(1)</sup>		41,487	A	A \$0		41,487			I	By Trust				
		Та									osed of, onvertib				Owne	d				
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. Transaction Code (Instr. 8)		of		6. Date Exercis Expiration Date (Month/Day/Ye		de Am Sec Und Der Sec		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownershi (Instr. 4)	
							(A) (D)		Date Exercisable		Expiration		Amo or Num of							

## **Explanation of Responses:**

1. On August 21, 2024, the reporting person transferred 41,487 directly held shares of common stock of the Issuer to a family trust.

## Remarks:

/s/ Anita Beth Adams, as attorney-in-fact 08/23/2024

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.