FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 \square 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(b) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*							2. Issuer Name and Ticker or Trading Symbol <u>Privia Health Group, Inc.</u> [PRVA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
KING DAVID P															X Direc	tor		10% O\	wner	
(Last)	((First)	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/01/2023								Office below	er (give title v)		Other (s below)	specify	
PRIVIA HEALTH GROUP, INC.							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
950 N. GLEBE RD., SUITE 700.														Lin	ine) X Form filed by One Reporting Person					
(Street) ARLINGTON VA 22203														Form	Form filed by More than One Reporting Person					
						Rule 10b5-1(c) Transaction Indication														
(City)	((State)		Zip)																
					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.												ended to			
			Table I	I - No	n-Derivat	tive S	ecur	ities Acq	uired,	Dis	posed of	f, or	Ben	eficia	ally Owr	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,			3. Transac Code (Ir 8)		1. Securities Acquired (A Disposed Of (D) (Instr. 3, and 5)			Securi Benefi Owned Follow	cially d ving	Forr (D) c	n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	ount (A) or (D) P		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)					
Common Stock, \$0.01 par value per share 07/01/2					023		Α		7,758(1	7,758 ⁽¹⁾ A		\$ <mark>0</mark>	2	22,792		D				
			Tab					ies Acqu varrants,								ed				
1. Title of Derivative Security (Instr. 3)	2. Conversic or Exercis Price of Derivative Security	e (Month/	action Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		F	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Code Explanation of Responses: 1. Represents restricted stock units granted under the Issuer's 2021 Omnibus Incentive Plan that will become fully vested on the first anniversary of the grant date.

v (A) (D)

ànd 5)

Date

Exercisable

Remarks:

/s/ Thomas Bartrum, as attorney-in fact

Expiration Date

Amount or Number

of Shares

Title

07/05/2023

** 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.

OMB APPROVAL

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