SEC For	rm 4																			
	FORM	4	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549																	
Check Section obligat Instruct	STATEMENT OF CHANGES IN BENEFICIAL OWNE													HIP	Estim	Numbe ated av	erage burder	3235-0287 1 0.5		
1. Name and Address of Reporting Person* Sherman Jeffrey Scott					Privia Health Group, Inc. [PRVA] (Check all application of the second									eck all applica Director	,			vner		
	(F HEALTH (GLEBE RD.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/05/2022										below)		VP, CFO and CAO		peeny	
(Street) ARLINC		22203		4.	If Ame	endment, I	Date	of Original Filed (Month/Day/Year)				Line	ndividual or Joint/Group Filing (Check Applicable 2) X Form filed by One Reporting Person Form filed by More than One Reporting Person				1			
(City) (State) (Zip)					vative Securities Acquired, Disposed of, or Beneficially Owned															
1. Title of Security (Instr. 3) Date				2. Trans	actio	on	2A. Deemed Execution Date if any (Month/Day/Yea		e, 3. Transactio Code (Ins		tion	4. Securitie		ities Acquired (A) d Of (D) (Instr. 3, 4		5. Amoun Securities Beneficia Owned Fo Reported	s Ily ollowing	Form (D) or	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									С	Code	v	Amount	unt (A) or (D)		Price	Transacti (Instr. 3 a				
Common Stock, \$0.01 par value per share ⁽¹⁾ 01/0					5/20	6/2022				A		61,30	61,307 A		\$0	61,307			D	
			Table II -									osed of onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\	Co	4. Transaction Code (Instr. 8)		5. Number Derivativ Securitie Acquired or Dispo- of (D) (In 3, 4 and	re es I (A) sed str.	6. Date Exercisable a Expiration Date (Month/Day/Year)				nd 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		es Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Co	ode	v	(A)	(D) Da		e rcisable		xpiration Date	Title		Amount or Number of Shares	iber		(Instr. 4)		
Stock Option (Right to Purchase)	\$25.69	01/05/2022			A		235,128			(2)	0	1/05/2032	Com Sto	imon ock	235,128	\$0	235,1	28	D	

Explanation of Responses:

1. Represents restricted stock units granted under the Issuer's 2021 Omnibus Incentive Plan that will vest in substantially equal annual installments on the first, second, third and fourth anniversaries of the grant date.

2. Represents options granted under the Issuer's 2021 Omnibus Incentive Plan that will vest in substantially equal annual installments on the first, second, third and fourth anniversaries of the grant date. **Remarks:**

/s/ Thomas Bartrum, attorney-01/07/2022 in-fact

** 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.