Date			2. Transaction Date (Month/Day/Yea	ar) (Month/Day/Yoar)	3. Transaction Code (Instr.	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4	5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial		
		Table I - No	n-Derivativ	e Securities Aco	luired, Dis	posed of, or Benefi	cially	Owned			
(City)	(State)	(Zip)									
(Street) ARLINGTON	VA	22203					X	Form filed by On Form filed by Mo Person			
				If Amendment, Date of	Original Filed	I (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Last) (First) (Middle) PRIVIA HEALTH GROUP, INC. 950 N. GLEBE RD., SUITE 700				Date of Earliest Transa /12/2023	action (Month/	Day/Year)		below eral Counsel)		
1. Name and Address of Reporting Person [*] Bartrum Thomas				Issuer Name and Ticke rivia Health Gro				5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (spec below) below)			
Check this box if Section 16. Forn obligations may Instruction 1(b).		STA	Filed pur	OF CHANGE suant to Section 16(a) Section 30(h) of the In	ERSH	CMB Number: 3235-0287 Estimated average burden hours per response: 0.5					
				Washing			OMB APPROVAL				
FOR	M 4	UNITE	D STATE				MIS				

(I) (Instr. 4) Reported Transaction(s) (Instr. 3 and 4) ng (Instr. 4) (A) or (D) Code v Amount Price Common Stock, \$0.01 par value per share 01/12/2023 М 15,000 A \$<mark>2</mark> 106,355 D \$25.39⁽²⁾ 01/12/2023 **S**⁽¹⁾ 15,000 D 91,355 D Common Stock, \$0.01 par value per share 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)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) if any (Month/Day)		Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	Owned	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				
Stock Option (Right to Purchase)	\$2	01/12/2023		М			15,000	(3)	08/27/2033	Common Stock	15,000	\$2	191,228	D	

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 30, 2022.

2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$25.00 to \$25.85 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.

3. All stock options are fully vested and exercisable.

Remarks:

/s/ Thomas Bartrum

** Signature of Reporting Person

01/17/2023

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.

SEC F

Date