SEC For	m 4 FORM	4	UNITE	D STA	TES	s se	ECU	IRITIE	ES AN	ID I	ЕХСНА	NGE C	OMN	IISSION				
						Washington, D.C. 20549										OMB APPROVAL		
Section 16. Form 4 or Form 5 obligations may continue. See						NT OF CHANGES IN BENEFICIAL OWNERSHIP										OMB Number: 3235-0287 Estimated average burden hours per response: 0.5		
Instruc	tion 1(b).			File							ities Exchan ompany Act		934					
1. Name and Address of Reporting Person [*] Bartrum Thomas					2. Issuer Name and Ticker or Trading Symbol <u>Privia Health Group, Inc.</u> [PRVA]									licable) tor			wner	
	ast) (First) (Middle) RIVIA HEALTH GROUP, INC. 50 N. GLEBE RD., SUITE 700				3. Date of Earliest Transaction (Month/Day/Year) 07/20/2022									A below	,	give title Other (below) VP, General Counsel		
(Street) ARLINGTON VA 22203					Line) X Form fil								filed by Or filed by Mo	loint/Group Filing (Check Applicabl led by One Reporting Person led by More than One Reporting				
(City)	(S	tate)	(Zip)											Perso	on			_
		Tat	ole I - No	on-Deriv	ativ	e Se	curit	ties Ac	quired	, Dis	sposed c	of, or Be	neficia	lly Owne	d			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution Date,			Transaction Disposed Code (Instr.		ies Acquired (A) or Of (D) (Instr. 3, 4 ar		Benefi	ties cially Following	Form (D) o	n: Direct	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		ed ction(s) 3 and 4)			(Instr. 4)
Common Stock, \$0.01 par value per share 07/20/2					2022	.022		М		15,000) A		10	106,355		D		
Common Stock, \$0.01 par value per share 07/20/2					2022	.022			S ⁽¹⁾		14,570	D	\$34.0	2 ⁽²⁾ 9	91,785		D	
Common Stock, \$0.01 par value per share 07/20/2					2022	2			S ⁽¹⁾		430	D	\$34.5	\$ 34.57 ⁽³⁾ 9		1,355		
			Table II ·								oosed of, converti			y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date, 1	Transa	ansaction de (Instr.		umber ivative urities uired or cosed D) (Instr. and 5)	6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title an of Securit Underlyin Derivative (Instr. 3 a	ies g Security			ve es ally ig d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	or Numbe of Shares					
Stock Option	\$2	07/20/2022			М			15,000	(4)		08/27/2033	Common	15.00) \$0	334,3	300	D	

Explanation of Responses:

(Right to Purchase)

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 20, 2021.

2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$33.46 to \$34.45 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. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$34.50 to \$34.60 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.

4. Reflects stock options to purchase shares of common stock of the Issuer under the Plan. 285,198 of the stock options are fully vested and exercisable. 64,102 of the stock options will vest on October 29, 2022. Remarks:

/s/ Thomas Bartrum

Stock

** Signature of Reporting Person Date

07/21/2022

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.