SEC Form 4	1
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
MB Number:	3235-028

O 87 Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	STATEMENT OF CHANGES IN BENE
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities or Section 30(h) of the Investment Comp
1. Name and Address of Reporting Perso	n* 2. Issuer Name and Ticker or Trading Syn

EFICIAL OWNERSHIP

Exchange Act of 1934 Dany Act of 1940

1. Name and Addre Sullivan Will	ess of Reporting Perso Liam <u>M</u>	on [*]		Issuer Name and T rivia Health (0,		ationship of Repor (all applicable) Director	10%	Owner
1	(First) FH GROUP, INC.	(Middle)		Date of Earliest Tra /21/2022	insaction (Mor	nth/Day/Year)		Officer (give title below)	e Othe belo	er (specify w)
950 N. GLEBE RD., SUITE 700.			4.	If Amendment, Date	e of Original F	iled (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Street) ARLINGTON (City)	VA (State)	22203 (Zip)					X	Form filed by O Form filed by M Person		
	Tab	le I - Nor	n-Derivative	e Securities A	cquired, D	isposed of, or Benef	icially	Owned		
1. Title of Security	(Instr. 3)	2. 1 Dat	Transaction ate	2A. Deemed Execution Date,	3. Transaction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a		5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect

	(Month/Day/Year)	if any (Month/Day/Year)	Code (Instr.					Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock, \$0.01 par value per share								7,609	D	
Common Stock, \$0.01 par value per share	11/21/2022		S ⁽¹⁾		285,027	D	\$22.56 ⁽²⁾	5,887,466 ⁽³⁾	Ι	See footnote ⁽⁴⁾

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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Expiration Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) Date		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		of Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4					8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v			Date Exercisable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. This sale was effected pursuant to a public secondary offering of shares of common stock, par value \$0.01 per share (the "Common Stock"), of Privia Health Group, Inc. on November 21, 2022.

2. This amount represents the \$23.50 secondary public offering price per share of Common Stock of Privia Health Group, Inc., less the underwriting discount of \$0.94 per share.

3. Includes 6,917,159 shares of Common Stock received by Brighton Family, LLC in a pro rata distribution of Common Stock by Brighton Health Group Holdings, Inc. to its members on May 11, 2021 less the number of shares sold as reflected in Form 4's previously filed by Brighton Family, LLC and including this Form 4.

4. Represents Common Stock sold by Brighton Family, LLC. The reporting person is the managing member of Brighton Family, LLC and has sole voting and investment power with respect to the Common Stock held by Brighton Family, LLC. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

/s/ William M. Sullivan 11/23/2022

** 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.