FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF C | HANGES II | N BENEFICIAL | OWNERSHIP |
|-----------|------|-----------|--------------|------------------|

| OMB APPROVAL | | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | | |
| Estimated average b | ourden | | | | | | | | | | |
| 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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Mountcastle David | | | | 2. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [PRVA] | | | | | | | | | Check | all app | ionship of Reporting all applicable) Director Officer (give title | | son(s) to Is 10% O Other (| vner | |
|--|----------------------------|-------------|-----------------|---|--|--|-------------------------------------|--------|---|---------------|--------------------|--------------------------------|--|---|--|--|----------------------------------|--------|--|
| | PRIVIA HEALTH GROUP, INC. | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/22/2021 | | | | | | | | | X | below | | | below) | ,,,,,, | |
| 950 N. G | LEBE RD. | , SUITE 700 | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6 | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | Street) ARLINGTON VA 22203 | | | | | | | | | | | ine) X | e) | | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | on-Deriva | tive S | Secur | rities | Ac | quire | d, Di | sposed of | f, or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | Execution Date, | | ´ | 3. Transaction Code (Instr. 8) 4. Securities Acquired (and provided in the control of the contr | | | d (A) or r. 3, 4 and | and 5) S | | Securities For Beneficially (D | | : Direct | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | | action(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock, \$0.01 par value per share | | | 21 | | | S ⁽¹⁾ | | 25,000 | D | \$25.03 |)37 ⁽²⁾ | | 22,826 | | D | | | | |
| 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 Oate (Month/Day/Year) 3. Transaction Date Execution Date, if any (Month/Day/Year) | | | | 5. Numbe of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | rative rities ired r osed) r. 3, 4 | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 1 1 | | 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 | (A) | (D) | Date Exer | cisable | Expiration Date | Title | of Shares | | | | | | |

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 18, 2021.
- 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 \$25.05 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.

Remarks:

/s/ Thomas Bartrum, as 12/23/2021 attorney-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.