FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

<i>N</i> ashington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average b	urden									
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*     Mehrotra Parth						2. Issuer Name <b>and</b> Ticker or Trading Symbol Privia Health Group, Inc. [ PRVA ]								(Check	all appli Directo	applicable)		Person(s) to Issuer  10% Owner Other (specif	
	HEALTH (	rst) (GROUP, INC. , SUITE 700	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/09/2021								X Officer (give the below)  President a				below)	
(Street) ARLING (City)			22203 (Zip)		_   4. li	f Amen	ndmer	nt, Date	of Origin	al Fil	ed (Month/D		6. Indiv Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - N	on-Deriv	<i>r</i> ative	Sec	uriti	ies Ac	quirec	l, Di	isposed o	of, or Be	enefic	ially	Owned	ł			
Da		2. Transac Date (Month/Da		Exec y/Year) if any				ction Instr.	4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Sec Ben Owr		Amount of curities neficially vned Following ported		n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	ction(s)			(111501.4)
Common Stock, \$0.01 par value per share			11/09/2	/2021				M		7,500	A	\$	\$2		2,716		D		
Common Stock, \$0.01 par value per share			11/09/2	2021				S <sup>(1)</sup>		7,000	D	\$30.9	916 <sup>(2)</sup> 14		5,716		D		
Common Stock, \$0.01 par value per share 11/0			11/09/2	2021	021		<b>S</b> <sup>(1)</sup>		500	D	\$31.582 <sup>(3)</sup>		145	145,216		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 or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)			Execution if any	xecution Date, any		1. Fransaction Code (Instr. 3)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e O S Fe Illy Oi (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	<b>v</b>	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (Right to Purchase)	\$2	11/09/2021			M			7,500	08/28/2	018	08/27/2033	Common Stock	7,50	00	\$0.00	1,886,08	84	D	

## **Explanation of Responses:**

- $1.\ The\ sales\ reported\ in\ this\ Form\ 4\ were\ effected\ pursuant\ to\ a\ Rule\ 10b5-1\ trading\ plan\ adopted\ by\ the\ reporting\ person\ on\ August\ 11,\ 2021.$
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$30.46 to \$31.43 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 \$31.48 to \$31.79 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 attorney-in-fact

11/10/2021

\*\* 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.