FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APF	PROVAL						
OMB Number:	3235-0287						
Estimated average burden							
hours per respons	e: 0.5						

	Check this box if no longer subject
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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Name and Address of Reporting Person* Bartrum Thomas				2. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [PRVA]										eck all ap Dired	onship of Reporti Il applicable) Director		10% O		
(Last) PRIVIA		First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/09/2023]	helo\	Officer (give title below) EVP, General Control of the control of		Other (below) Counsel	specify
950 N. GLEBE RD., SUITE 700				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. II		ng (Check	Applicable			
(Street) ARLINGTON VA 22203															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)		State)	(Zip)		Rule	e 10)b5-	1(c)	Trans	sac	tion Ind	lica	tion						
Check this box to indicate that a transaction was made pursuant to a consatisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruct																			
		Tab	le I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	f, or	Ben	eficia	lly Owi	ned			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			y/Year) Exec		Deemed cution Date, ny nth/Day/Year)				Disposed	rities Acquired (, ed Of (D) (Instr. 3			Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A (I	A) or D)	Price		ted action(s) 3 and 4)				
Common Stock, \$0.01 par value per share 05/09/2					023				A		18,382 ⁽¹⁾ A		\$0	10	106,114		D		
		7	able II -	Derivati (e.g., pu	ve Sed ts, cal	curit Ils, v	ies <i>E</i> varra	Acqu ants,	ired, D option	ispo is, c	osed of, convertib	or B	Benef ecur	ficiall ities)	y Owne	ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Ye	3A. Di Exect if any (Mont		ransaction Number of			6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		d 4)	3. Price of Derivative Security Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

1. On May 9, 2023, the reporting person received 18,382 restricted stock units under the Issuer's 2021 Omnibus Incentive Plan. The restricted stock units will vest in substantially equal annual installments on the first, second and third anniversaries of the grant date.

Remarks:

/s/ Thomas Bartrum

** Signature of Reporting Person

05/11/2023

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.