FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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*     Bartrum Thomas						2. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [ PRVA ]									all applic Directo	licable)		Person(s) to Issuer  10% Owner Other (specify	
	HEALTH C	irst) GROUP, INC. , SUITE 700	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/04/2022										below) below)  EVP, General Counsel			
(Street) ARLING (City)			22203 (Zip)		_   4. l <sup>-</sup>	f Ame	ndme	nt, Date o	of Origina	al File	d (Month/Da		. Indivine)	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
1. Title of Security (Instr. 3)  2. T Dat (Mc				2. Transa Date	2. Transaction Date Month/Day/Year)		ZA. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		I (A) or		5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Transact (Instr. 3	tion(s) and 4)			(Instr. 4)
Common Stock, \$0.01 par value per share  Common Stock, \$0.01 par value per share				4/2022 4/2022				M S <sup>(1)</sup>		35,000 31,276	A D	\$30.4			079		D D		
Common Stock, \$0.01 par value per share			11/04	/2022	2022		S <sup>(1)</sup>		3,724	D	\$31.1	\$31.17 <sup>(3)</sup> 91		1,355		D			
		7	Table II -								osed of, convertil				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code (I 8)		of		6. Date I Expiration (Month/I	on Da		7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		D	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amour or Number of Shares	r					
Stock Option (Right to Purchase)	\$2	11/04/2022			M			35,000	(4)		08/27/2033	Common Stock	35,00	0	\$2	206,22	8	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 30, 2022.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$29.93 to \$30.92 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 \$30.93 to \$31.52 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. All of the stock options are fully vested and exercisable

## Remarks:

/s/ Thomas Bartrum

11/07/2022

\*\* 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.