FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D C	20540
wasiiiigton,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
OMB Number:	3235-0287										
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)

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]									tionship of Reporting all applicable) Director Officer (give title		10% Owi		vner	
	HEALTH (irst) GROUP, INC. , SUITE 700	(Middle)			Date o		est Trans	saction (N	Month	n/Day/Year)		X	below) below) EVP, General Counsel						
(Street) ARLING			22203 (Zip)		_ 4. l	f Ame	ndme	nt, Date o	of Origina	al File	d (Month/Da		Individue) X	Form fi	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Oity)	(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)			2. Transa Date	2. Transaction Date		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securitie	es Acquire Of (D) (Insti	d (A) or	5. Amou Securiti Benefic		es ally Following	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	- 1	Transact (Instr. 3 a	tion(s)			(111511. 4)	
Common Stock, \$0.01 par value per share			06/21	1/2022				M		10,000	A	\$2		101	,355		D			
Common Stock, \$0.01 par value per share			06/21	1/2022				S ⁽¹⁾		6,234	D	\$29.0	-	95,	121		D			
Common Stock, \$0.01 par value per share 06			06/21	/2022				S ⁽¹⁾		3,766			1(3)				D			
		7	Table II								oosed of, convertil			y Ov	vned					
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. Transacti Code (Ins 8)				6. Date I Expiration (Month/I	on Da			ies g Security	Dei	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	Over the control of t	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	Amount or Number of Shares							
Stock Option (Right to Purchase)	\$2	06/21/2022			М			10,000	08/28/2	018	08/27/2033	Common Stock	10,000		\$0	364,30	00	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 20, 2021.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$28.38 to \$29.37 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 \$29.38 to \$29.84 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

06/23/2022

** Signature of Reporting Person

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.