FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES I	N RENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-028									
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

					<u> </u>		00	(, 00			ompany Act	00 .0						-		
Name and Address of Reporting Person* Bartrum Thomas						2. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [PRVA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
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(11)	/5	····	/ N A : - -		3 [Date o	f Earli	ioet Trans	eaction (N	/onth	/Day/Year)		\dashv	X below	r (give title		Other (s below)	specify		
(Last)	,	First)	(Middle)			$\frac{106}{2}$		est mans	saction (iv	1011111	/Day/Teal)				EVP, Gen	eral C	Counsel			
		GROUP, INC.																		
950 N. G	ILEBE RD	., SUITE 700			4 1	f Ame	ndme	nt Date	of Origina	l File	d (Month/Da	v/Year)	6	ndividual or	Joint/Group	Filing	ι (Check Δn	nlicable		
(Street)					- 7	TAIL	iidiiic	int, Date v	or Origina		a (Monthibe	iy/ (Cai)	Lin		oon to Oroug	, i iiii ig	(Oncok Ap	piloabic		
ARLING	TON V	'A	22203											X Form	filed by One	e Repo	orting Perso	n		
					-									Form Perso	filed by Mo	re than	One Repo	porting		
(City)	(\$	State)	(Zip)											. 0.00						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da				action	tion 2A. Deemed Execution Date,			3. Transa	3. 4. Securities Acquired (A) of Transaction Disposed Of (D) (Instr. 3, 4				5. Amo				7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			ay/Yea			Code (Instr.			. o, 4 una	Benefi		(D) o	(D) or Indirect (I) (Instr. 4)							
						8)				1	Report	ed () ()								
								Code	V	Amount	(A) or (D)	Price		ction(s) 3 and 4)						
Common Stock, \$0.01 par value per share 06/0			06/06	/2022	2022			M		10,000	A	\$2	10	1,355		D				
Common Stock, \$0.01 par value per share 06/06/2			/2022	2022		S ⁽¹⁾		10,000	D	\$25.01	(2) 9	.,355		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) if any (Month/Day of Month/Day of Mon				Date,	Code (Inst				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)			
													Amount or							
									Date		Expiration		Number of							
					Code	٧	(A)	(D)	Exercisa	ble	Date	Title	Shares							
Stock Option (Right to Purchase)	\$2	06/06/2022			M			10,000	08/28/20	018	08/27/2033	Common Stock	10,000	\$0	374,30	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 \$25.00 to \$25.06 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

06/08/2022

** 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.