FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
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	Check this box if no longer subject
٦	to Section 16. Form 4 or Form 5
J	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

Name and Address of Reporting Person* Sullivan William M (Last) (First) (Middle)						2. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [PRVA] 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2023									5. Relationship of Report (Check all applicable) X Director Officer (give title below)			10% O Other (below)	wner	
PRIVIA HEALTH GROUP, INC. 950 N. GLEBE RD., SUITE 700.						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) ARLINGTON VA 22203						Form filed by More than One Reporting Person													lorung	
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - Noi	n-Deriva	tive S	ecui	rities	Acq	uired,	Disp	osed of	, or	Benefi	cially	/ Owr	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (AD Disposed Of (D) (Instr. 3 and 5)			5, 4 Securi Benefi Owned Follow		ities Foicially (E d In ving (I		n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	Amount	(A) or (D) P		ice	Reported Transaction(s) (Instr. 3 and 4)										
Common	.023				A		7,758(1) .	A	\$ <mark>0</mark>	22,792			D						
Common Stock, \$0.01 par value per share															5,619,402			I	By Brighton Family, LLC ⁽²⁾	
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)	ivative conversion or Exercise price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)			4. Transac Code (I 8)		Secu Acqu (A) o Dispo	vative irities ired r osed) r. 3, 4	6. Date Expiration (Month/D	on Da	ear) Securities Underlying Derivative Security (Instr. 3 and		unt of rities rlying ative rity . 3 and 4	Der Sec (Ins	8. Price of Derivative Security (Instr. 5) 8. Price of Derivative Security (Instr. 5) 9. Nur derivative Security Security Security Security (Instr. 5)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

- 1. Represents restricted stock units granted under the Issuer's 2021 Omnibus Incentive Plan that will become fully vested on the first anniversary of the grant date.
- 2. Represents shares of common stock owned by Brighton Family, LLC. The reporting person is the managing member of Brighton Family, LLC and has sole voting and investment power with respect to the common stock owned by Brighton Family, LLC. The reporting person disclaims beneficial ownership of the reported securities except to the extent of his pecuniary interest therein.

Remarks:

/s/ Thomas Bartrum, as attorney-in fact ** Signature of Reporting Person

07/05/2023

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.