FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL								
	OMB Number:	3235-0287							
l	Estimated average burden								
l	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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					1 000	,,,,,,,,,	00(11)	or tire ii	ivestilien	1 001	прапу Аст с	71 134									
Name and Address of Reporting Person* WICHMANN DAVID S						2. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [PRVA]									neck all ap	,	ng Pe	. ,			
WIGHNIAN DIVID 5														\dashv	X Direc			10% Ov			
(Last)	(F	irst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/01/2023										Offic belov	er (give title v)		Other (s below)	specify		
PRIVIA HEALTH GROUP, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable						
950 N. GLEBE ROAD, SUITE 700														Lin	e)						
															X Form filed by One Reporting Person Form filed by More than One Reporting				- 1		
(Street)	Street) ARLINGTON VA 22203														Person				Orting		
, TICLITY	ARLINGTON VA 22203				Rule	Rule 10b5-1(c) Transaction Indication															
(City)	(S	tate) (2	Zip)			Trails 2000 2(0) Trails action malication															
						Check this box to indicate that a transaction was made pursuant t satisfy the affirmative defense conditions of Rule 10b5-1(c). See I															
													_	<i>a</i>							
		Table	I - No	n-Deriva	tive S	ecui	rities	Acq	uired,	Dis	posed of	, or	Ben	etici	ally Owi	ned					
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)					5. Amo Securi Benefi Owned	ities Fo		n: Direct or ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
									Code	v	Amount		A) or D) Price		Repor Transa	eported ansaction(s) estr. 3 and 4)		,	,,		
Common Stock, par value \$0.01 per share															1,3	15,340		(1)	See Footnote		
Common Stock, par value \$0.01 per share 08/01/2					2023				A		6,189(2)	2) A		\$0	(6,189		D			
		Tab	ole II -	Derivati	ve Sec	curit	ies /	Acau	ired. D	ispo	sed of.	or B	ene	ficial	lv Owne						
				(e.g., pu												-					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) if any ice of (Month/Day/Year)			4. Transaction Code (Instr. 8)		Secu Acqu (A) o Disp of (D	vative urities uired or osed o) r. 3, 4	6. Date E Expiratio (Month/E	n Da	te An ear) Se Un De Se		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(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	or Nur of	ount nber ıres							

Explanation of Responses:

- 1. Represents shares held by Jory Capital, LLC, which is co-owned by the Reporting Person.
- 2. Represents restricted stock units granted under the Issuer's 2021 Omnibus Incentive Plan that will become fully vested on the day immediately preceding the date of Company's 2024 Annual Meeting of Stockholders.

Remarks:

/s/ Thomas Bartrum, as attorney-in fact

08/03/2023

Date

** 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.