FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 20549 |
|---------------|------|-------|
| vvasiliigton, | D.C. | 20049 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL |
|---------------------|-----------|
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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] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
|--|---|--|---|-----------------|------------------------|---|--|---------|-----------------|--|------------------------|-----------------|---|---|--|-------------------------------------|--|--|--|
| (Last) PRIVIA | ` | irst) GROUP, INC. | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/22/2022 | | | | | | | | helow | below) EVP, Gen | | below) | эрсспу | |
| 950 N. G | 4 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | | |
| (Street) | STON V | A | 22203 | | _ - | | | | | | | | Line | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | state) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tak | ole I - N | lon-Deri | ivativ | e Se | curit | ties Ac | quirec | d, Di | isposed o | f, or Be | neficial | y Owned | k | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | | | Form: D (D) or Ir | | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac (Instr. 3 | ction(s) | | | (Instr. 4) | | |
| Common Stock, \$0.01 par value per share 02/2 | | | 02/22/ | /2022 |)22 | | | М | | 10,000 | A | \$2 | 37 | 7,391 | | D | | | |
| Common Stock, \$0.01 par value per share 02/22/20 | | | /2022 | 022 | | S ⁽¹⁾ | | 10,000 | D | \$25.316 | (2) 27 | 7,391 | | D | | | | | |
| | | | Table II | | | | | | | | posed of, convertil | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/\) | on Date, | Date, Transa Code (| | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e Ov s Fo lly Di or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | • | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Stock Option (Right to | \$2 | 02/22/2022 | | | M | | | 10,000 | 08/28/2 | 2018 | 08/27/2033 | Common Stock | 10,000 | \$0 | 404,30 | 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 \$25.83 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

** Signature of Reporting Person

02/24/2022

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.

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