Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|-------------------------------------|------------------------------------|------------------|
| to Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
|--|----------------|---|---|----------------------------|--|------------------|--|--|--|--|
| (City) | (State) | (Zip) | | | | | | | | |
| ARLINGTON VA 22203 | | 22203 | | | Form filed by More than One Reporting Person | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) | , | | | | | |
| 950 N. GLEBE RD., SUITE 700. | | | | | | | | | | |
| PRIVIA HEAL | TH GROUP, INC. | | 04/28/2021 | l | | | | | | |
| (Last) (First) | (Middle) | Date of Earliest Transaction (Month/Day/Year) | | Officer (give title below) | Other (specify below) | | | | | |
| Name and Address of Reporting Person* Sullivan William M | | | 2. Issuer Name and Ticker or Trading Symbol Privia Health Group, Inc. [PRVA] | | tionship of Reporting Per all applicable) Director | son(s) to Issuer | | | | |
| | | | of Section 30(ff) of the investment Company Act of 1940 | | | | | | | |

3. Transaction Code (Instr. 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) 5. Amount of Securities 6. Ownership Form: Direct 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 7. Nature Date (Month/Day/Year) Execution Date, if any of Indirect Beneficial Beneficially (D) or Indirect (Month/Day/Year) 8) Owned Following (I) (Instr. 4) Reported Transaction(s) (Instr. 3 and 4) (Instr. 4) (A) or (D) Code Amount Price Common Stock, \$0.01 par value per 04/28/2021 A 7,609 A 7,609 D share(1) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (cig.i, parci, cano, maranto, optiono, contentio) | | | | | | | | | | | | | | 1 | | |
|---|---|--|---|------|--|-----|---|----------------------------------|--------------------|-------|--|---|--|--|--|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | vative rities nired r osed) | Expiration Date (Month/Day/Year) | | | e and int of rities rlying ative rity (Instr. 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 | Amount or Number of Shares | | | | | |

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.

/s/ Thomas Bartrum, EVP, **General Counsel**

** Signature of Reporting Person

04/30/2021

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.