SEC For	m 4																		
FORM 4 UNITE				ED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549													OMB APPROVAL		
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											HIP	OMB Number: 3235-0287   Estimated average burden    hours per response: 0.5			
1. Name and Address of Reporting Person* Mountcastle David						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Privia Health Group, Inc.</u> [ PRVA ]									elationship o eck all applio Directo	able)	g Pers	suer wner specify	
(Last) (First) (Middle) PRIVIA HEALTH GROUP, INC. 950 N. GLEBE RD., SUITE 700					3. Date of Earliest Transaction (Month/Day/Year) 04/01/2022										X Onice (give nue onie (specify below) below) EVP & Chief Financial Officer				
(Street) ARLINGTON VA 22203					4.1										. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person				1
(City)	(S	tate)	(Zip)	Perso									Person						
		Tab	ole I - Nor	1-Deriv	vativ	e Se	curities	s Ac	quired,	Dis	posed o	of, or	Bene	ficiall	y Owned				
1. Title of Security (Instr. 3) Date (Month/I				Day/Year) if any			. Deemed ecution Date, iny onth/Day/Year)		Transaction Dispos Code (Instr. 5)		rities Acquired (A) or ed Of (D) (Instr. 3, 4 an			Beneficially Owned Followin		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D) PI		Price	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
Common Stock, \$0.01 par value per share 04/01					1/202	2					48,833 <sup>(1)</sup> A		\$ <mark>0</mark>	81,	81,104		D		
		-	Table II -								osed of, onvertil				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 Date, if any (Month/Day/Year		Code (Instr.		of		6. Date Exercisa Expiration Date (Month/Day/Yea			of Se Unde Deriv	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		xpiration Date	Title	0 N 0	umber					

## Explanation of Responses:

\$26.73

1. On April 1, 2022, the reporting person received 48,833 restricted stock units under the Issuer's 2021 Omnibus Incentive Plan. The restricted stock units will vest in substantially equal annual installments on the first, second, third and fourth anniversaries of the grant date.

(2)

64,882

2. On April 1, 2022, the reporting person received 64,882 stock options under the Issuer's 2021 Omnibus Incentive Plan. The stock options will vest in substantially equal annual installments on the first, second, third and fourth anniversaries of the grant date.

## Remarks:

Stock Option (Right to Purchase)

> <u>/s/ Thomas Bartrum, as</u> attorney-in-fact

Common

Stock

64,882

\$<mark>0</mark>

04/01/2032

04/04/2022

64,882

D

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 $^{\ast}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

04/01/2022

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.