FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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Estimated average burden								
hours per response	e: 0.5							

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	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

2. Issuer Name and Ticker or Trading Symbol Privial Health Group, Inc. [PRVA] (Last) (First) (Middle) PRIVIA HEALTH GROUP, INC. 950 N. GLEBE RD., SUITE 700. (Street) ARLINGTON VA 22203 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Month/Day/Year) 2. Transaction Education of Page 1005-1(c). Transaction 1001cation Check this box to indicate that a ransaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Paule 1005-1(c). See Instruction 10. Table I - Non-Derivative Securities Acquired, Disposed of (p) or Following Endowing and 5). A Securities Acquired (A) or Security (Instr. 3) Table II - Derivative Securities Acquired, Disposed of, or Beneficially Conversion and 9). A Securities Securities Securities Securities Securities Securities Securities Conversion and 9). A Securities Underly (Instr. 3). A Securities Secur						1			investine		ilipally Act t	J. 20 .								
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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.

Remarks:

/s/ Thomas Bartrum, as attorney-in fact

07/05/2023

** 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.