FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

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Name and Address of Reporting Person*     COWHEY THOMAS F.						2. Issuer Name <b>and</b> Ticker or Trading Symbol Surgery Partners, Inc. [ SGRY ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
COWHEY THUMAS F.																Direc	ctor		10% O	- 1		
-															_	X		er (give title			specify	
(Last)	(	(First	) (1	Middle)			3. Date of Earliest Transaction (Month/Day/Year)										belov	,	. 10	below)		
C/O SURGERY PARTNERS, INC.						04/	04/02/2019											Chief Fina	nciai O	mcer		
· · · · · · · · · · · · · · · · · · ·																						
310 SEVEN SPRINGS WAY, SUITE 500					4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable							
						4. "	4. II Amendment, Date of Original Filed (Month/Day/Year)									Line)						
(Street)																X Form filed by One Reporting Person					on	
BRENTV	BRENTWOOD TN 37027															Form filed by More than One Reporting						
																	Pers		0 1111111	, по ттор	J. L9	
(City)	(	(State	e) (Z	Zip)																		
			Table	e I - Noi	า-Deriva	ative	Sec	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Ex Day/Year) if a		2A. Deemed Execution Date, f any Month/Day/Year)		Transaction Dispo		Disposed	urities Acquired (A) sed Of (D) (Instr. 3,				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code V A		Amount (A		(A) or (D)	Price	Trans		action(s) 3 and 4)			(111511.4)	
Common Stock 04/02/2					2019			F		1,198(1	1)	D	\$11.54		46,928		Ι	)				
			Ta									sed of,					vned			'		
				(	e.g., pu	ıts, c	alls	, warr	ants,	option	ıs, c	onvertib	le s	securi	ties)							
1. Title of Derivative Security (Instr. 3)	2. Conversio or Exercis Price of Derivative Security	on C se (i	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		ı of		6. Date E Expiratio (Month/E	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)			Deri Secu	Price of ivative curity str. 5)	9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Indi (I) (Ins		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	ount mber ares							

## **Explanation of Responses:**

1. Shares withheld by the Issuer to satisfy the Reporting Person's tax withholding obligations in connection with the vesting on April 2, 2019 of restricted stock.

## Remarks:

/s/ Jennifer Baldock, Attorneyin-Fact 04/03/2019

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.