Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
vasiliigton,	D.C.	20049	

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF
obligations may continue. See	

F CHANGES IN BENEFICIAL OWNERSHIP

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>Burkhalter Danielle</u>					2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Office (sign title) Office (sign title) Office (sign title) Office (sign title)					vner
(Last)	,	rst) (I	Middle)	ı	3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024									X	belov	er (give title v) Human R	lesou	Other (s below) arces Office	· ·
340 SEVEN SPRINGS WAY SUITE 600					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) BRENTWOOD TN 37027														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication									act instr	uction or writt	en nla	n that is inter	aded to						
		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																	
		Table	l - N	on-Deriva	tive	Secui	rities	Acc	quired	l, Dis	sposed of	, or B	enefici	ally	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)				Execut Year) if any		emed tion Date, n/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities A Disposed Of (and 5) Sec Ben Owr		Amount of curities eneficially vned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 02/0				02/06/20	024			S		167(1)	D	\$32.2	.24 ⁽²⁾ 3		30,636		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any					ransaction of De Se Ac (A Di of		osed) r. 3, 4	Expiration De (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec	rice of ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Shares sold to satisfy the Reporting Person's tax withholding obligations in connection with the vesting of restricted stock on January 31, 2024.
- 2. The price reported in Column 4 is a weighted average price. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.

Remarks:

/s/ Jennifer Baldock, Attorney- 02/08/2024 in-Fact

** Signature of Reporting Person 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.

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.