FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

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

Name and Address of Reporting Person* DeVeydt Wayne S			2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
			_)	Direc	tor		10% O	wner			
(Last) (First) (Middle)			Date of Earliest Transaction (Month/Day/Year)							7	Office below	er (give title v)		Other (below)	specify				
C/O SUI	RGERY P	ARTNERS, INC.			03/2	5/202	21								Exec Chairman of the Board				
310 SEV	EN SPRI	NGS WAY, SUIT	E 500																
				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable								
(Street)														Line		filed by On	a Dana	uting Doso	
BRENTY	WOOD 7	'N 3	37027)	_	filed by On- filed by Mo		Ü	- 1
-															Perso		ie iliali	Опе кер	orung
(City)	(State) (2	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficial	ly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. Transaction Disposed Of (D) (Instr. 3 5)		, 4 and Securit Benefic		ties For cially (D) I Following (I) (Direct	7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount (A) or (D)		Price	Transa	saction(s) r. 3 and 4)			(Instr. 4)			
Common Stock 03/25/2					2021		A		2,955 ⁽¹⁾ A		\$ <mark>0</mark>	276,250			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)	Derivative Security Instr. 3) Date (Month/Day/Year) Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Expiration Date		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) Amoun or Numbe of Title Shares		str.	. Price of lerivative lecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	y C F O (I	0. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

1. The Compensation Committee approved this award of unrestricted common stock in lieu of, and in full settlement of, 50% of the cash incentive award earned by the Reporting Person under the Issuer's cash incentive plan for performance in 2020.

Remarks:

/s/ Jennifer Baldock, Attorney- 03/25/2021 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.