FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

|   | OMB APPRO                | VAL       |  |  |  |  |  |  |  |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
|   | OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| l | Estimated average burden |           |  |  |  |  |  |  |  |
| l | 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

| 1 Name and Address of Departing Decay  |                           |                |   |  |                  | Issuer Name and Ticker or Trading Symbol                 |  |                   |                         |  |                         |              |                |                        |   | 5. Relationship of Reporting Person(s) to Issuer |                                 |                           |                         |  |  |
|--|---------------------------|----------------|---|--|------------------|--|--|-------------------|-------------------------|--|-------------------------|--------------|----------------|------------------------|---|--|---------------------------------|---------------------------|-------------------------|--|--|
| 1. Name and Address of Reporting Person*   |                           |                |   |  |                  |  | Surgery Partners, Inc. [ SGRY ]        |                   |                         |  |                         |              |                |                        | (Check all applicable)                                      |  |                                 |                           |                         |  |  |
| <u>Dean Dennis</u>   |                           |                |   |  |                  |  | ====================================== |                   |                         |  |                         |              |                |                        |   | Direc  |                                 |                           | Owner                   |  |  |
| , , , , , , , , , , , , , , , , , , ,  |                           | First) (       |   | O. Daka of Fadinat Turnanting (Manth/Durl/Car) |                  |  |  |                   |                         |  |                         |              | X              | Office                 | er (give title<br>v)  | Othe<br>belo                                     | er (specify<br>w)               |                           |                         |  |  |
| (Last)   | `                         |                | 3. Date of Earliest Transaction (Month/Day/Year) 03/09/2017 |  |                  |  |  |                   |                         |  |                         |              |                | Senior VP              | P & Controller  |  |                                 |                           |                         |  |  |
| C/O SUR  | GERY PA                   | "              |   |  |                  |  |  |                   |                         |  |                         |              |                |                        |   |  |                                 |                           |                         |  |  |
| 40 BURTON HILLS BOULEVARD, SUITE 500   |                           |                |   |  |                  |  |  |                   |                         |  |                         |              |                |                        |   |  |                                 |                           |                         |  |  |
|  |                           |                |   |  |                  | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |                   |                         |  |                         |              |                |                        | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |                                 |                           |                         |  |  |
| (Street)   |                           |                | NE045   |  |                  |  |  |                   |                         |  |                         |              |                |                        | X Form filed by One Reporting Person                        |  |                                 |                           |                         |  |  |
| NASHVI   | LLE T                     | N 3            | 37215   |  |                  |  |  |                   |                         |  |                         |              |                |                        |   | Form filed by More than One Reporting            |                                 |                           |                         |  |  |
|  |                           |                |   |  | -                |  |  |                   |                         |  |                         |              |                |                        | Person  |  |                                 |                           |                         |  |  |
| (City)   | (5                        | State) (       | Zip)  |  |                  |  |  |                   |                         |  |                         |              |                |                        |   |  |                                 |                           |                         |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |                           |                |   |  |                  |  |  |                   |                         |  |                         |              |                |                        |   |  |                                 |                           |                         |  |  |
| 1. Title of S  | Security (Ins             | tr. 3)         |   | 2. Trans                                       | saction          | Execution Date, if any                                   |  |                   | 3.                      |  |                         |              |                |                        |   |  | ount of                         | 6. Ownership              | 7. Nature               |  |  |
|  |                           |                |   | Date<br>(Month/                                | Day/Ye           |  |  |                   | Code (                  | Transaction Disposed Of (D) (Instr. 3, 4 Code (Instr. 5) |                         |              | 3, 4 a         | Benefi                 |   | cially   | Form: Direct<br>(D) or Indirect |                           |                         |  |  |
|  |                           |                |   |  |                  | (Month/Day/Year)   |  |                   | 8)                      |  |                         |              | Owned Follo    |                        |   | (I) (Instr. 4)                                   | Ownership<br>(Instr. 4)         |                           |                         |  |  |
|  |                           |                |   |  |                  |  |  |                   |                         | v  | Amount                  |              | (A) or<br>(D)  | Price                  |   | Transaction(s)<br>(Instr. 3 and 4)               |                                 |                           |                         |  |  |
| Common   | Stock                     | /09/2017       |   |  |                  | A  |  | 4,456             | 5                       | A \$0  |                         | 107,597      |                | D                      |   |  |                                 |                           |                         |  |  |
|  |                           | Т-             | ble II F  | \  | .i               | a Constitute Associated Disposed of an Description       |  |                   |                         |  |                         |              |                |                        | . 0   |  |                                 |                           |                         |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |                           |                |   |  |                  |  |  |                   |                         |  |                         |              |                |                        |   |  |                                 |                           |                         |  |  |
| 1. Title of  | 2.                        | 3. Transaction | 3A. Deeme   |  | 4.               |  |  |                   | 6. Date Exercisable and |  |                         | 7. Title and |                |                        | 8. Price of   |  | 9. Number o                     |                           | 11. Nature              |  |  |
| Derivative<br>Security   | Conversion<br>or Exercise |                | Execution if any  |  | Transa<br>Code ( |  |  |                   | Expiration (Month/Da    |  | Amount of<br>Securities |              |                | Derivative<br>Security |   | derivative<br>Securities                         | Ownershi<br>Form:               | of Indirect<br>Beneficial |                         |  |  |
| (Instr. 3)   | Price of<br>Derivative    |                | (Month/Da   | ıy/Year)                                       | ear)   8)        |  | Securities<br>Acquired                 |                   |                         | Underly<br>Derivati                                      |                         |              |                |                        | (Instr.   | 5)   | Beneficially<br>Owned           | Direct (D)<br>or Indirect | Ownership<br>(Instr. 4) |  |  |
| Security   |                           |                |   |  |                  |  | (A) or<br>Disposed<br>of (D)           |                   |                         | Security (Ins  |                         |              |                | str. 3                 |   |  | Following<br>Reported           | (I) (Instr. 4             |                         |  |  |
|  |                           |                |   |  |                  |  |  |                   |                         |  |                         |              | <del>-</del> , |                        |   |  | Transaction(s)                  | (s)                       |                         |  |  |
|  |                           |                |   |  |                  |  | (Instr. 3, 4<br>and 5)                 |                   |                         |  |                         |              |                |                        |   |  | (Instr. 4)                      |                           |                         |  |  |
|  |                           |                | İ   |  |                  |  |  |                   | П                       |  |                         | Amo          | ount           |                        |   |  |                                 |                           |                         |  |  |
|  |                           |                |   |  |                  |  |  |                   |                         |  |                         | or<br>Nun    |                | r                      |   |  |                                 |                           |                         |  |  |
|  |                           |                |   | Code   | v                | (A)  | (D)                                    | Date<br>Exercisal |                         | Expiration<br>Date                                       | Title                   | of<br>Sha    | res            |                        |   |  |                                 |                           |                         |  |  |

**Explanation of Responses:** 

Remarks:

/s/ Michael T, Doyle, Attorney-03/13/2017 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.