Instruction 1(b).

FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT | OF CHANGES IN | N 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

| Name and Address of Reporting Person* Goodwin George | | | | | 2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY] | | | | | | | | (Ch | eck all app | ationship of Report all applicable) Director Officer (give title | | 10% O | | |
|--|--|----------|---|-------------|---|--|---|------|---|---------|---------------|---|--|---|---|--|---|------------|--|
| (Last) (First) (Middle) C/O SURGERY PARTNERS, INC. 310 SEVEN SPRINGS WAY, SUITE 500 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/11/2020 | | | | | | | | | | ^ belov | below) Group | Specify | | |
| (Street) | WOOD 1 | N 3 | 37027 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transa Date (Month/Da | Execution D | | Date, | 3. Transaction Code (Instr. 8) | | | | | (A) or 3, 4 an | Benefi | ies cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | Price | Transa | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 08/11/2 | | | | 2020 | | | G | | 1,000 | 1,000 D | | \$ <mark>0</mark> | 0 105,913 | | | 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) 1. Title of Conversion or Exercise Price of Derivative Security 2. Conversion Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 34. Deemed Execution Date (Month/Day/Year) 35. Transaction Date (Month/Day/Year) 36. Transaction Date (Month/Day/Year) | | on Date, | 4. Transaction Code (Instr. 8) S. Num of Derivat Securit Acquin (A) or Dispos of (D) (Instr. 3 and 5) | | rative rities ired r osed) | | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) Amount or Numb of Title Share | | nstr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | LO. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

Remarks:

/s/ Jennifer Baldock, Attorney-08/21/2020 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.