FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, D.C. 2

OMB ADDDOMAI

l	UNID APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burd	en
l	hours per response:	0.5

7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

Check this box if no longer subject to

1. Name and Address of Reporting Person*

(First)

(Middle)

MNAYMNEH SAMI

C/O H.I.G. CAPITAL

(Last)

U obligat	ions may contir tion 1(b).			Fil								es Exchan npany Act			34			hours	s per	response:	0
		Reporting Person*			2.	. Issuei	r Naı	me and	Ticke	er or Tra	ding S	Symbol	011940	<u>′</u>				p of Reportion		erson(s) to Is	
(Last)	(Fi G. CAPITA		(Middle)			Date 0			ansa	action (M	onth/I	Day/Year)					Offic belo	er (give title w)		Other below)	(specify
1450 BR	ICKELL A	VENUE, 31ST I	FLOOR		4.	. If Ame	endn	nent, Da	ite of	Original	Filed	(Month/Da	ay/Year)			/idual c	or Joint/Grou	p Fili	ng (Check A	pplicable
(Street) MIAMI	FI	_	33131		_											ine) X		n filed by Mo	d by One Reporting Person d by More than One Reporting		
(City)	(St	ate)	(Zip)																		
		Tab	le I - No	n-Deri	vativ	ve Se	cui	rities <i>I</i>	Acq	uired,	Dis	posed c	of, or	Ben	efici	ally	Own	ed			
1. Title of Security (Instr. 3)		2. Trans Date (Month		'ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 a	and Sec Ben Owi		Amount of curities neficially vned Following ported		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indired Beneficia Ownersh (Instr. 4)		
										Code	v	Amount		A) or O)	Pric	e	Trans	action(s) 3 and 4)			,
Common	Stock			10/21/2015		15	j			S ⁽²⁾		1,324,4	164	D \$		19	26,	455,651		D ⁽¹⁾	
		Ta	able II - I									sed of, onvertib				уΟι	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Execution if any (Month/D	n Date,	4. Transactic Code (Ins 8)		n of		re (iss	6. Date Exercis Expiration Dat (Month/Day/Ye		9	Amou Secur Under Deriva Secur	7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		Deri Seci	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Benefici Ownersi t (Instr. 4)
					Code	e V		(A) (D)		Date Exercisa		Expiration Date	Title	or	ount nber ires						
		Reporting Person* Centers, LLC																			
	G. CAPITA	(First) L VENUE, 31ST I	(Mid	dle)																	
	ICKELL A	VENUE, 5151 1	LOOK																		
(Street) MIAMI		FL	331	31																	
(City)		(State)	(Zip)																		
	nd Address of P II INC	Reporting Person*																			
	G. CAPITA		(Mid	dle)																	
1450 BR	ICKELL A	VENUE, 31ST I	LUUK																		
(Street) MIAMI		FL	331	31																	
(City)		(State)	(Zip)																		

1450 BRICKI	ELL AVENUE, 31S	T FLOOR									
(Street)											
MIAMI	FL	33131									
(City)	(State)	(Zip)									
Name and Address of Reporting Person*											
TAMER A	<u>NTHONY</u>										
,											
(Last)	(First)	(Middle)									
C/O H.I.G. C.	APITAL										
1450 BRICKELL AVENUE, 31ST FLOOR											
(Street)											
MIAMI	FL	33131									
,											
(City)	(State)	(Zip)									

Explanation of Responses:

Remarks:

H.I.G. Surgery Centers, LLC by H.I.G.-GPII, Inc. its manager, by: /s/ Richard H. 10/22/2015 Siegel, Vice President and General Counsel H.I.G.-GPII, Inc. by: /s/ 10/22/2015 Richard H. Siegel, Vice President and General Counsel Sami W. Mnaymneh by: /s/ Richard H. Siegel, Attorney-in- 10/22/2015 Fact Anthony A. Tamer by: /s/ Richard H. Siegel, Attorney-in- 10/22/2015 ** Signature of Reporting Person Date

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

 $Note: File \ three \ copies \ of \ this \ Form, \ one \ of \ which \ must \ be \ manually \ signed. \ If \ space \ is \ insufficient, \ see \ Instruction \ 6 \ for \ procedure.$

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.

^{1.} The Common Stock directly beneficially owned by H.I.G. Surgery Centers, LLC may be deemed to be indirectly beneficially owned by H.I.G.-GPII, Inc., Sami W. Mnaymneh and Anthony A. Tamer. H.I.G.-GPII, Inc. is the manager of H.I.G. Surgery Centers, LLC, and Messrs. Mnaymneh and Tamer are co-presidents, directors and the sole shareholders of H.I.G.-GPII, Inc. Each of the Reporting Persons has shared voting and dispositive power over these securities, however each of them disclaims beneficial ownership of such securities except to the extent of their respective pecuniary interests therein.

^{2.} Shares sold pursuant to the exercise of the underwriters' over-allotment option in connection with the Issuer's initial public offering.

^{*} 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).