FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burde	en
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 Reporting Person* <u>Brinkman Carollee</u>						2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [ SGRY ]									ck all applica Director	tionship of Reporting all applicable) Director Officer (give title		on(s) to Issu 10% Ov Other (s	vner	
	ast) (First) (Middle) //O SURGERY PARTNERS, INC. 10 SEVEN SPRINGS WAY, SUITE 500						3. Date of Earliest Transaction (Month/Day/Year) 03/15/2019									President, National Group				
(Street) BRENTWOOD TN 37027  (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind Line)						
		Ta	ble I - No	n-Der	ivativ	ve S	ecurities	s Ac	quired,	Dis	posed c	of, or B	enefi	cially	Owned					
1. Title of Security (Instr. 3) 2. Tran Date				n/Day/Y	n 'ear)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. 4. Securi Transaction Dispose Code (Instr.		ies Acqui	ed (A)	5. Amou Securition Benefici Owned I		s lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or P	rice	Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)	
Common Stock 0					15/201	/2019			A		8,740	(1) A		\$0	17,	486		D		
Common	Common Stock 03/15					/2019		A		13,040	13,040 <sup>(2)</sup> A		\$0	30,526		D				
Common Stock 03/16					L <mark>6/20</mark> 1	/2019		F		999 <sup>(3)</sup> D		9	313.42	29,527			D			
			Table II -								osed of, converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		Derivative I		6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amo or Num of S			(Instr. 4)		<u></u>		
Stock Option (Right to Buy)	\$13.42	03/15/2019			A		148,500		(4)		03/15/2029	Commor Stock	148	3,500	\$0	148,50	00	D		

## **Explanation of Responses:**

- 1. Shares issued based on 2018 performance under performance stock unit awards granted to the Reporting Person on March 16, 2018. Shares will vest in two equal annual installments on each of the first two anniversaries of December 31, 2018.
- 2. Shares will vest in three equal annual installments of each of the first three anniversaries of March 15, 2019.
- 3. Shares withheld by the Issuer to satisfy the Reporting Person's tax withholding obligations in connection with the vesting on March 16, 2019 of restricted stock.
- 4. One-third (1/3) of the options will vest in three equal installments on each of December 31, 2020, December 31, 2021, and December 31, 2022, generally contingent upon continued employment through each applicable vesting date (the "time condition"). One-third (1/3) of the options will vest based on satisfaction of the time condition and the achievement of a closing price per share of the Issuer's Common Stock of \$25.00. The remaining one-third (1/3) of the options will vest based on satisfaction of the time condition and the achievement of a closing price per share of the Issuer's Common Stock of \$35.00.

## Remarks:

/s/ Jennifer Baldock, Attorney-

03/19/2019

<u>in-Fact</u>\*\* 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.