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							
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

	d Address of	2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)									
<u>Crysel John</u>							Surgery Farmers, IIIC. [SGRY]									Director Officer (give title		10% C		wner specify	
(Last) (First) (Middle) C/O SURGERY PARTNERS, INC.							3. Date of Earliest Transaction (Month/Day/Year) 03/31/2017									belov					
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) NASHVILLE TN 37215															X	Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) (Zip)																		
		Tabl	e I - Non	-Deriva	ative	Sec	curitie	s Acc	quired	, Dis	posed o	f, or	Bene	eficia	lly (Owne	ed				
Date					nth/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Dispos Code (Instr. 5)				4 and Se Be Ov		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount				(A) or (D)	Price	- 1	Reported Transaction(s) (Instr. 3 and 4)				(111501. 4)				
Common Stock 03/31/									A		7,692	2	A	\$(\$0		13,939	D			
		Та	able II - D								sed of, onvertib				y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transa Code (I B)		of		6. Date I Expiration (Month/I		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		vative derivative Securities Beneficiall Owned Following Reported	Securities Beneficially Owned Following Reported Transaction	Owners Form: Direct (or Indir (I) (Inst	ership i: ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				,	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nun of	ount nber res							

Explanation of Responses:

Remarks:

/s/ Teresa F. Sparks, Attorneyin-Fact

04/04/2017

** 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.