FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DС	20549
rvasiliigion,	D.C.	20040

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL								
OMB Number: 3235-02									
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hours per response	. 05								

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

Name and Address of Reporting Person*     DeLuca Teresa					2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [ SGRY ]								(Ch	eck all app  X Direc	licable) tor	10% Owner		wner		
l	RGERY PA	irst) ARTNERS, IN			3. Date of Earliest Transaction (Month/Day/Year) 09/10/2020										Office below	er (give title /)		Other (s	specify	
310 SEV	EN SPRII	NGS WAY, SU	ЛТЕ 500		4. If Amendment, Date of Original Filed (Month/Day/Year)										. Individual or Joint/Group Filing (Check Applicable ine)					
(Street)	WOOD T	N	37027												X Form filed by One Reporting Person  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 Security (Instr. 3)  2. Transac Date (Month/Da				Execution Date,		3. Transaction Code (Instr. 8)  4. Securitie Disposed 0 5)					Benefic	ies cially Following	6. Owne Form: D (D) or In (I) (Instr	irect idirect :. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
				Code	v	Amount (A) or (D)		Price	Transa	ransaction(s) nstr. 3 and 4)										
Common Stock 09/10/2					/2020		S		3,000 D		)	\$ <mark>2</mark> 1	28	28,811						
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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Disp of (D	osed ) r. 3, 4	6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		estr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	nership rm: ect (D) Indirect	Beneficial Ownership (Instr. 4)		
					Code	Code V (A) (D)		Date Exercisa	able	Expiration Date Title Num of Share										

**Explanation of Responses:** 

Remarks:

/s/ Jennifer Baldock, Attorney-09/14/2020 in-Fact

\*\* Signature of Reporting Person 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.