FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	OVAL				
OMB Number:	3235-0287				
Estimated average burd	en				
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

Name and Address of Reporting Person* Baldock Jennifer						2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY]									Check	all app	licable)		o Issuer % Owner ner (specify
(Last) (First) (Middle) C/O SURGERY PARTNERS, INC. 40 BURTON HILLS BOULEVARD, SUITE 500						3. Date of Earliest Transaction (Month/Day/Year) 03/09/2017									X	belov			ow)
(Street)			, 00112		4. If	Ame	endment,	Date o	of Original	Filed	(Month/Da	ay/Yea	r)		Indivine)		·	o Filing (Ched	
NASHVILLE TN 37215 (City) (State) (Zip)					Form filed by Person									n filed by Mo					
(City)	(5	itate) (Zip)																
		Tabl	le I - Nor	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Bene	eficia	ally (Owne	ed		
Date					Exe Day/Year) if an		2A. Deemed Execution Date, if any (Month/Day/Year)		Code	Transaction Disposed Code (Instr. 5)			rities Acquired (A) ed Of (D) (Instr. 3,			5. Amo Securit Benefic Owned Report	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect
									Code	v	Amount	(A) or D)	Price	. 1	Transaction(s) (Instr. 3 and 4)			(1130.4)
Common Stock 0					03/09/2017				A		4,456	5	A	\$	0	71,439		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)	2. Conversior or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, ny/Year)	4. Transa Code (8)			ative rities ired osed	6. Date E Expiratio (Month/D	n Date	9	Amor Secu Unde Deriv	Amo	ount nber	8. Pri Deriv Secu (Instr	ative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersi Form: Direct (E or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)

Explanation of Responses:

Remarks:

/s/ Michael T. Doyle, Attorney-03/13/2017 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.