Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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|-------------|------|-------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours ner response | . 05 | | | | | | | | |

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* ADLERZ CLIFFORD G | | | | | 2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY] | | | | | | | | | tionship of Reportii all applicable) Director | | 10% O | | wner | |
|---|---|-------------------------|---------------------------------|--|---|--|---|----------|--|-------|-----------------------|--|--|--|------------------------------------|---|---|-------------------|---------|
| (Last) | (Fi | rst) (I RTNERS, INC. | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/27/2020 | | | | | | | | | | er (give title v) | | Other (below) | specify |
| 310 SEVEN SPRINGS WAY, SUITE 500 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) BRENT | WOOD TI | 1 3 | 7027 | | | | | | | | | | | X | | filed by One filed by Mo on | • | Ü | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | , Dis | posed of | , or E | Benef | icially | Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Da | | Date, | 3. Transaction Code (Instr. 8) | | | | | 4 and Secu Bene | | cially I Following | Form (D) o | vnership n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | | v | Amount | Amount (A) or (D) | | ice | Transaction(s) (Instr. 3 and 4) | | | | |
| Common | Common Stock 05/27/2 | | | 2020 | | A | | 9,669(1) | A | \$ | 514.48 | | 32,851 | | D | | | | |
| | | Tal | ble II - | | | | | | , | | osed of, convertib | | | • | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, if any | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Der Sec (Ins | Price of ivative curity str. 5) | 9. Number of derivative Securities Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Ownership Form: | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | | | | | Date Exercis | sable | Expiration Date | Title | Numb of Share | | | | | | |

Explanation of Responses:

1. Shares will vest on May 27, 2021.

Remarks:

/s/ Clifford G. Adlerz

05/29/2020

** 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.