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 per response.	0.5								

	tion 1(b).	iuc. occ		Filed							es Exchang npany Act o		1934			nours	per re	esponse:	0.5	
Name and Address of Reporting Person*     Goodwin George				2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [ SGRY ]									Check a	all app Direc			10% O	wner		
(Last) (First) (Middle) C/O SURGERY PARTNERS, INC. 310 SEVEN SPRINGS WAY, SUITE 500					3. Date of Earliest Transaction (Month/Day/Year) 11/24/2020									X Officer (give title Other (specify below)  President, ASC Group						
(Street) BRENTY (City)	WOOD TN		7027 Zip)											. Individine) X	′					
		Table	I - Non	-Deriva	tive S	Secu	rities	Acq	uired,	Dis	oosed of	, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Exec ay/Year) if an		A. Deemed execution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)  4. Securiti Disposed 5)		ies Acquired (A Of (D) (Instr. 3		, 4 and Secur Benef Owne		cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) o	Pric	<u>,</u>  -	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 11/24/					/2020		G		1,000	D	\$	50 10-		4,913		D				
		Tal									osed of, o				wne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	n Date,	4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed ) r. 3, 4	Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Deriv Secu (Insti	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date		Amount or Number of Shares							

**Explanation of Responses:** 

Remarks:

/s/ Jennifer Baldock, Attorney-12/16/2020 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).

Code V

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.

(A) (D)