FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT (OF CHANGES	IN BENEFICIAL	OWNERSHIP
-------------	------------	---------------	-----------

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average I	ourden									
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

1. Name and Address of Reporting Person* Evans Jason Eric				2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY]									k all app Direc Office	ionship of Reportin all applicable) Director Officer (give title		10% Ov	wner			
(Last) (First) (Middle) C/O SURGERY PARTNERS, INC. 310 SEVEN SPRINGS WAY, SUITE 500					3. Date of Earliest Transaction (Month/Day/Year) 03/26/2021								A	below C	below below Chief Executive Officer		below) Officer			
(Street) BRENTY (City)	T GOOW		7027 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X						
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	icially	y Own	ed				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securi Benefi		ties Focially (D) (I) (I)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) or (D) Prid		ice	Transa	ansaction(s) estr. 3 and 4)			(111301. 4)		
Common Stock 03/26/20					021 ⁽¹⁾		F		3,372	D	\$	43.75 38		7,154 ⁽¹⁾		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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		of Deriv	r osed) r. 3, 4	6. Date Exerci Expiration Da (Month/Day/Yo		te Amount of Securities Underlying Derivative Security (In 3 and 4)		int of ities rlying ative ity (Ins			9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Numb of Share	er						

Explanation of Responses:

1. The transaction date and the amount of securities beneficially owned were adjusted to correct an administrative error on the Form 4 filed on March 25, 2021.

Remarks:

/s/ Jennifer Baldock, Attorney- 03/29/2021 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.