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, I	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).	nuc. See		Filed							es Exchang npany Act o					nours	per re	esponse:	0.5
1. Name and Address of Reporting Person* <u>COWHEY THOMAS F.</u>					2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY]								(Che	ck all app Direct	ctor		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) 04/02/2021							X Officer (give title Other (specify below) Chief Financial Officer							
(Street) BRENTY (City)	WOOD TI		7027 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Che Line) X Form filed by One Reporting Form filed by More than One Person									porting Perso	on				
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Execution ay/Year) if any		cution Date,		Transaction Disposed Of Code (Instr. 5)		ies Acquired (A Of (D) (Instr. 3			Securit Benefic Owned	eficially ned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or Pi	rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 04/02/2					/2021		F		1,934	I) \$	343.6	3.6 168,573			D			
		Tal									osed of, o				Owned	t			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		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 (Inst 3 and 4)		De Se (Ir	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	Beneficia Ownershi ct (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	te Expiration		Amou or Numb of Share	er						

Explanation of Responses:

Remarks:

/s/ Jennifer Baldock, Attorney-04/02/2021 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.