FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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STATEMENT OF	CHANGES IN E	BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
	Estimated average burde	en				
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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*     Dean Dennis					2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [ SGRY ]									heck	all app	licable)	g Person(s) to Iss 10% O Other (s			
(Last) (First) (Middle) C/O SURGERY PARTNERS, INC. 40 BURTON HILLS BOULEVARD, SUITE 500						3. Date of Earliest Transaction (Month/Day/Year) 03/31/2017									X	belov		& Conti	below)	
(Street) NASHVI	LLE T	N 3	37215 Zip)		4. If	Ame	ndment,	Date o	of Original	Filed	(Month/Da	ay/Yea	ır)		Indivi ne) X	Form	r Joint/Group n filed by One n filed by Mor on	e Reportii	ng Pers	on
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally (	Owne	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date		n Date,	Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Secu		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(11150.4)
Common Stock 03/31				1/2017				A		7,692		A	\$0		113,895		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security or Exercise (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   Execution Date, if any (Month/Day/Year)   8		4. Transa Code ( 8)		nstr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	t		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

**Explanation of Responses:** 

Remarks:

/s/ Teresa F. Sparks, Attorneyin-Fact 04/04/2017

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.