FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respon	se: 0.5								

	Check this box if no longer subject
\Box	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(b) of the Investment Company Act of 1940

					1 000		00(11) 0	i tiic i	IIVCStilici	111 00	прапу Аст с	JI 10-10	,						
Name and Address of Reporting Person* Evans Jason Eric				2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY]									5. Relationship of Reporting Person(s) to (Check all applicable) Director 10% C						
,			(Albhin		Date of Earliest Transaction (Month/Day/Year)									X	Office	Officer (give title below)		Other (s	
(Last) (First) (Middle) C/O SURGERY PARTNERS, INC.					06/29/2023										C	Chief Executive Officer			
340 SEVEN SPRINGS WAY, SUITE 600					4. If Amendment, Date of Original Filed (Month/Day/Year)								r)	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BRENTWOOD TN 37027													X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	ecur	rities	Acc	uired,	Dis	posed of	f, or	Benefi	ciall	y Owr	ned			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Dat				3. Transaction Code (Instr. 8) 4. Securities Acqui Disposed Of (D) (In 5)					5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or Prio	e	Repor Transa			,		
Common Stock 06/29/20					023			S		1,892(1)	Ι	\$4	\$45.1 ⁽²⁾ 4		424,898		D		
		Tab	ole II -	Derivativ (e.g., pu							•			•	Owne	ed			
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any		ution Date,	4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instr	vative rities nired r osed)	6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Numbe of Shares	r					

Explanation of Responses:

- 1. This transaction was effective pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on 3/24/2023. The Rule 10b5-1 trading plan, which was structured to include several sale periods, was established as part of the Reporting Person's long-term strategy for asset diversification and financial, retirement, estate and tax planning activities over a period of time.
- 2. The price reported in Column 4 is a weighted average price. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price.

Remarks:

/s/ Jennifer Baldock, Attorney-in-Fact

** Signature of Reporting Person

07/03/2023

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).
- $^{\star\star} \ \text{Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C.\ 1001\ \text{and}\ 15\ \text{U.S.C.}\ 78 \text{ff(a)}.$

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.