

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
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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* <u>H.I.G. Surgery Centers, LLC</u> (Last) (First) (Middle) C/O H.I.G. CAPITAL 1450 BRICKELL AVENUE, 31ST FLOOR (Street) MIAMI FL 33131 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 09/30/2015	3. Issuer Name and Ticker or Trading Symbol <u>Surgery Partners, Inc. [SGRY]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	27,780,115	D ⁽¹⁾	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person*
H.I.G. Surgery Centers, LLC
 (Last) (First) (Middle)
 C/O H.I.G. CAPITAL
 1450 BRICKELL AVENUE, 31ST FLOOR
 (Street)
 MIAMI FL 33131
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
HIG GP II INC
 (Last) (First) (Middle)
 C/O H.I.G. CAPITAL
 1450 BRICKELL AVENUE, 31ST FLOOR
 (Street)
 MIAMI FL 33131
 (City) (State) (Zip)

1. Name and Address of Reporting Person*
MNAYMNEH SAMI
 (Last) (First) (Middle)
 C/O H.I.G. CAPITAL
 1450 BRICKELL AVENUE, 31ST FLOOR
 (Street)
 MIAMI FL 33131
 (City) (State) (Zip)

(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<u>TAMER ANTHONY</u>		
(Last)	(First)	(Middle)
C/O H.I.G. CAPITAL		
1450 BRICKELL AVENUE, 31ST FLOOR		
(Street)		
MIAMI	FL	33131
(City)	(State)	(Zip)

Explanation of Responses:

1. The Common Stock directly beneficially owned by H.I.G. Surgery Centers, LLC may be deemed to be indirectly beneficially owned by H.I.G.-GP II, Inc., Sami W. Mnaymneh and Anthony A. Tamer. H.I.G.-GP II, Inc. is the manager of H.I.G. Surgery Centers, LLC, and Messrs. Mnaymneh and Tamer are co-presidents, directors and the sole shareholders of H.I.G.-GP II, Inc. Each of the Reporting Persons has shared voting and dispositive power over these securities, however each of them disclaims beneficial ownership of such securities except to the extent of their respective pecuniary interests therein.

Remarks:

H.I.G. Surgery Centers, LLC
by H.I.G.-GP II, Inc. its
manager, by: /s/ Richard H. Siegel, Vice President and 10/02/2015
General Counsel

H.I.G.-GP II, Inc. by: /s/
Richard H. Siegel, Vice 10/02/2015
President and General Counsel

Sami W. Mnaymneh by: /s/
Richard H. Siegel, Attorney-in- 10/02/2015
Fact

Anthony A. Tamer by: /s/
Richard H. Siegel, Attorney-in- 10/02/2015
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 5 (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.