Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |  |
|-------------|------|-------|--|
|-------------|------|-------|--|

| Check this box if no longer subject | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|-------------------------------------|--|
| to Section 16. Form 4 or Form 5     |  |
| obligations may continue. See       |  |
|                                     |  |

|  | OMB APP   | ROVAL |  |  |  |  |  |  |  |  |
|--|---|-------|--|--|--|--|--|--|--|--|
|  | OMB Number: 3235-0287<br>Estimated average burden |       |  |  |  |  |  |  |  |  |
|  |   |       |  |  |  |  |  |  |  |  |
|  | hours per response                                | : 0.5 |  |  |  |  |  |  |  |  |

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*     Evans Jason Eric   |   |         |                 |                             | 2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [ SGRY ]   |   |  |          |                      |  |   |   | ck all app<br>Direc                          | tor 10% Owr  |                               | vner   |  |   |  |
|--|---|---------|-----------------|-----------------------------|---|---|--|----------|----------------------|--|---|---|--|--|-------------------------------|--|--|---|--|
| (Last)   | (Fi   | rst) (F | Middle)         |                             | 3. Date of Earliest Transaction (Month/Day/Year) 03/24/2023   |   |  |          |                      |  | X   | belov   | er (give title<br>v)<br>Chief Exec           |  | Other (s<br>below)<br>Officer | specify  |  |   |  |
| 340 SEVEN SPRINGS WAY, SUITE 600   |   |         |                 | 4. If A                     | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |   |  |          |                      |  |   | 6. Individual or Joint/Group Filing (Check Applicable Line) |  |  |                               |  |  |   |  |
| (Street)   | WOOD TI   | N 3     | 7027            |                             |   |   |  |          |                      |  |   |   |  | X  | _                             | filed by On<br>filed by Mo<br>on   |  | Ü |  |
| (City)   | (St   | ate) (2 | 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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned   |   |         |                 |                             |   |   |  |          |                      |  |   |   |  |  |                               |  |  |   |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da   |   |         | Execution Date, |                             |   |   | es Acquired (A)<br>Of (D) (Instr. 3, 4         |          |                      |  | ties For<br>cially (D)<br>d Following (I) ( |   | n: Direct<br>r Indirect<br>istr. 4)          | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership  |                               |  |  |   |  |
|  |   |         |                 |                             |   |   | Code   | v        | Amount               | (A)<br>(D)   | or  | Price   | Report<br>Transa<br>(Instr. 3                | action(s)<br>3 and 4)  |                               |  | (Instr. 4)   |   |  |
| Common Stock 03/24.  |   |         | 03/24/2         | 2023                        |   | A   |  | 20,408(1 | 108 <sup>(1)</sup> A |  | \$ <mark>0</mark>                           | 434,464   |  |  | D                             |  |  |   |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |         |                 |                             |   |   |  |          |                      |  |   |   |  |  |                               |  |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any |         |                 | Transaction<br>Code (Instr. |   | rative<br>rities<br>iired<br>r<br>osed<br>) | 6. Date Exerc<br>Expiration Da<br>(Month/Day/Y |          | te                   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |   | D<br>S<br>(I  | Price of<br>erivative<br>ecurity<br>nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у                             | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |   |  |
|  |   |         |                 |                             | Code V  |   | (A)  | (D)      | Date<br>Exercisable  |  | Expiration<br>Date                          | Title   | Amo<br>or<br>Num<br>of<br>Shar               | ber  |                               |  |  |   |  |

## **Explanation of Responses:**

1. The Compensation Committee approved this award of unrestricted common stock in lieu of, and in full settlement of, a portion of the cash incentive award earned by the Reporting Person under the Issuer's cash incentive plan for performance in 2022.

## Remarks:

/s/ Jennifer Baldock, Attorney-03/28/2023

\*\* 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.