FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	OMB APPROVA			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235		

Washington, L	J.C. 20049	

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

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average burden										
l	hours per response:	0.5									

1. Name and Address of Reporting Person* <u>Burkhalter Danielle</u>						2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specifications)				vner	
(Last)	,	First) (M ΓNERS, INC.	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 02/28/2024										^ belo		Resou	below)	
340 SEVEN SPRINGS WAY SUITE 600						4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) BRENTWOOD TN 37027																X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State) (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.									nded to						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date				Execution y/Year) if any			cution Date, 7		Transaction Disposed Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 a			Secur Benef Owne	icially d Following	Forn (D) c	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										Code	v	Amount	(A) or (D)		Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(111501.4)
Common Stock 02/28/2						2024				A		320(1)	A \$31.1		18 30,764			D		
Common Stock 02/28/2					2024				A		6,414(2)	A	A	\$31.1	8 3	37,178		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any					ransaction of ode (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nstr.	3. Price of Derivative Security Instr. 5)		Ov Fo Olly Or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code			Date Exercis	sable	Expiration Date	Title	or Nun of Sha	nber						

Explanation of Responses:

- 1. Represents restricted stock awards ("RSAs") granted to the reporting person on February 28, 2024 (the "Grant Date"). The RSAs vest in two equal annual installments beginning on the first anniversary of the Grant Date
- 2. Represents restricted stock awards ("RSAs") granted to the reporting person on February 28, 2024 (the "Grant Date"). The RSAs vest in three equal annual installments beginning on the first anniversary of the Grant Date.

Remarks:

/s/ Jennifer Baldock, Attorney-03/01/2024 in-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 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.