FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response: 0.								

	tion 1(b).	iuc. See		Filed							ies Exchang mpany Act o		L934		nours	s per r	esponse:	0.5
Name and Address of Reporting Person* DeLuca Teresa				2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY]									Check all a	ship of Reporti applicable) rector	ng Pe	erson(s) to I		
(Last) (First) (Middle) C/O SURGERY PARTNERS, INC. 310 SEVEN SPRINGS WAY, SUITE 500					3. Date of Earliest Transaction (Month/Day/Year) 12/14/2020										ficer (give title low)			(specify
(Street)	WOOD TN		7027										ne) X Fo	'				
(City)	(St	ate) (Z	Zip)															
		Table	I - Noi	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or Be	nefic	ially Ov	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Executy/Year) if any		Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			nd Sec Ben Owi	5. Amount of Securities Beneficially Owned Following		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common	Common Stock 12		12/14/2	2020		S		1,000	D	\$27	.15 27,811			D				
		Tal									osed of, convertib				ed			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date,			Transaction of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)		vative irities ired r osed) r. 3, 4	6. Date Exercisable at Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price Derivativ Security (Instr. 5)	e derivative	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)

Explanation of Responses:

Remarks:

/s/ Jennifer Baldock, Attorney-12/15/2020

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.