FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

Check this box if no longer subject to
Section 16. Form 4 or Form 5
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(h) of the Investment Company Act of 1940 OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>DeVeydt Wayne S</u>				X	Director	10% Owner			
				x	Officer (give title	Other (specify			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		below)	below)			
C/O SURGERY	PARTNERS, INC.		01/04/2018		Chief Executive C	Officer			
310 SEVEN SPRINGS WAY, SUITE 500		TE 500							
,			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing (0	Check Applicable			
(Street)				Line)					
BRENTWOOD	TN	37027		X	Form filed by One Report	ing Person			
					Form filed by More than One Reporting				
					Person				
(City)	(State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (ction	4. Securities A Disposed Of (5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	01/04/2018		Α		96,899	Α	\$ <mark>0</mark>	96,899	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number Derivativ Securitie Acquired or Dispos of (D) (Ins 3, 4 and 5	re ss I (A) sed str.	6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Stock Option (Right to Buy)	\$12.9	01/04/2018		A		700,000		(1)	01/04/2028	Common Stock	700,000	\$0	700,000	D	

Explanation of Responses:

1. Fifty percent of the options will vest in five equal annual installments on each of the first five anniversaries of 1/4/2018 (the "time condition"). Twenty-five percent of the options will vest based on satisfaction of the time condition and the achievement of an average closing price per share of the Issuer's Common Stock of \$25.00 over a period of sixty consecutive trading days. The remaining twenty-five percent of the options will vest based on satisfaction of the time condition and the achievement of an average closing price per share of the Issuer's Common Stock of \$35.00 over a period of sixty consecutive trading days.

Remarks:

/s/ Jennifer Baldock, Attorney-01/08/2018

<u>in-Fact</u>

** 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.