FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject					
o Section 16. Form 4 or Form 5					
bligations may continue. See					
netruction 1(h)					

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 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*     COWHEY THOMAS F.						2. Issuer Name <b>and</b> Ticker or Trading Symbol Surgery Partners, Inc. [ SGRY ]									k all app Direc	tionship of Reportin all applicable) Director Officer (give title below) Chief Finar		rson(s) to Is 10% O Other (	vner	
	C/O SURGERY PARTNERS, INC.							3. Date of Earliest Transaction (Month/Day/Year) 03/26/2021										below)	Specify	
310 SEVEN SPRINGS WAY, SUITE 500						If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)	WOOD TI	1 3	7027											Line)						
(City)	(St	ate) (Z	Zip)																	
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benef	icially	/ Own	ed				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Exec if an	Deemed ecution Date, ny onth/Day/Year)				Disposed C	curities Acquired (A esed Of (D) (Instr. 3,			5. Amo Securit Benefic Owned	ties cially Following	Forr (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
										v	Amount	(A) or (D)		ce	Transa	Transaction(s) (Instr. 3 and 4)			(5 4)	
Common Stock 03/26/20				021(1)				F		1,686	D	\$4	43.75	170	170,507 <sup>(1)</sup>		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. 2. 3. Transaction Date (Month/Day/Year)  3. Transaction Date (Month/Day/Year)  3. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of Deriv	r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiratic Exercisable Date		tte ear)	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

1. The transaction date and the amount of securities beneficially owned were adjusted to correct an administrative error on the Form 4 filed on March 25, 2021.

## Remarks:

/s/ Jennifer Baldock, Attorney-03/29/2021 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.