FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject	
Section 16. Form 4 or Form 5	
bligations may continue. See	

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

1. Name and Address of Reporting Person* Brocklehurst Laura L.							2. Issuer Name and Ticker or Trading Symbol Surgery Partners, Inc. [SGRY]									k all app Direc	,	ng Per	10% O Other (vner	
(Last) C/O SUI 310 SEV		3. Date of Earliest Transaction (Month/Day/Year) 03/11/2022										f Human Reso		below)							
(Street)	WOOD 1		3	7027 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)										ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
			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					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Disposed Of 5)					4 and Securi Benefi		ties cially I Following	Form (D) o	: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or Pr	ice	Transa	action(s) 3 and 4)			(msur 4)		
Common Stock 03/11/2					2022				A		3,331(1)	A \$		54.03	03 48,311			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)	rative or Exercise (Month/Day/Year) Trice of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)				Transaction of Code (Instr. 8) Si Ai (A		osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Security (In: 3 and 4)		tr.	Price of rivative curity str. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

 $1. \ Shares \ will \ vest \ in \ three \ equal \ annual \ installments \ of \ each \ of \ the \ first \ three \ anniversaries \ of \ March \ 11, \ 2022.$

Remarks:

/s/ Jennifer Baldock, Attorneyin-Fact

03/15/2022

** 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.