FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a

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

contract, instruct purchase or sal issuer that is int affirmative defe 10b5-1(c). See	a made pursuar ction or written e of equity sect tended to satisf nse conditions	nt to a plan for the urities of the y the															
1. Name and Address of Reporting Person Chicago Pacific Founders UGP III, LLC				2. Issuer Name and Ticker or Trading Symbol P3 Health Partners Inc. [PIII]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner						
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 09/14/2023						Officer (give title below)			Other (s below)			
	/ICHIGAN	AVENUE, SU	ITE 1998			4. If Amendment, Date of Original Filed (Month/Day/Year) 09/15/2023					6. Indivi	 Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person 					
(Street) CHICAGO	IL	60	0611		X Form filed by More than One Reporting Pers						ig Person						
(City)	(State)	(Zi															
		Та	ble I - No	on-Deri	ivative	Securities Acc	quired,	, Dis	posed of,	or Ben	efic	ially Owr	ned				
1. Title of Security (Instr. 3) 2. Trans: Date (Month/E				action 2A. Deemed Execution Date, if any (Month/Day/Year		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or D Of (D) (Instr. 3, 4 and 5)			or Disposed	5. Amount Securities Beneficiall Following	y Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
							Code	v	Amount	(A) oi (D)	F	Price	Transactio (Instr. 3 an				(Instr. 4)
Class A Common Stock 09/11				1/2023		Р		90,000 ⁽¹⁾	Α	4	\$2.5238 ⁽²⁾	49,84	5,442		I	See Footnote ⁽³⁾	
			Table II -			curities Acqu IIs, warrants,							d				
				5. Number of 6. Date E Transaction Derivative Expiration				rcisable and Date				8. Price of Derivative	9. Numbe derivative		10. Ownership	11. Nature of Indirect	

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	 3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		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	Ownership Form: Direct (D)	Beneficial Ownership (Instr. 4)
			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		

1. Name and Addres	s of Reporting Person*	
Chicago Pacin	fic Founders UG	<u>P III, LLC</u>
(Last)	(First)	(Middle)
980 NORTH MI	CHIGAN AVENUE	E, SUITE 1998
(Street)		
CHICAGO	IL	60611
(City)	(State)	(Zip)
1. Name and Addres	s of Reporting Person *	
Chicago Pacin	fic Founders GP	<u>III, L.P.</u>
(Last)	(First)	(Middle)
980 NORTH MI	CHIGAN AVENUE	E, SUITE 1998
(Street)		
CHICAGO	IL	60611
(City)	(State)	(Zip)

	s of Reporting Person*		
<u>CPF III PT SI</u>	<u>, LLC</u>		
(Last)	(First)	(Middle)	
980 NORTH MI	CHIGAN AVENUE	, SUITE 1998	
(Street)			
CHICAGO	IL	60611	
(City)	(State)	(Zip)	
1. Name and Addres	s of Reporting Person*		
<u>CPF III-A PT</u>	SPV, LLC		
(Last)	(First)	(Middle)	
980 NORTH MI	CHIGAN AVENUE	, SUITE 1998	
(Street)			
CHICAGO	IL	60611	
(City)	(State)	(Zip)	

Explanation of Responses:

1. Includes (i) 69,433.68 shares of Common Stock directly acquired by CPF III PT SPV, LLC ("SPV III") and (ii) 20,566.32 shares of Common Stock directly acquired by CPF III PT SPV-A, LLC ("SPV-A III").

2. The price reported in Column 4 is a weighted-average price. These shares were purchased in multiple transactions at prices ranging from \$2.45 to \$2.70, inclusive. The reporting persons undertake to provide to P3 Health Partners Inc., any security holder of P3 Health Partners Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote 2.

3. Chicago Pacific Founders UGP, III LLC ("UGP III") is the general partner of Chicago Founders GP III, LP ("GP III"), the general partner of each of SPV III and SPV III-A. As a result, UGP III has the power to vote and dispose of the Issuer's securities held by SPV III and SPV III-A (the "Underlying Securities"). Each of UGP III and GP III disclaims beneficial ownership for the amount in excess of their pecuniary interest in the Underlying Securities.

Remarks:

This amended Form 4 is filed to correct the number of shares of Class A Common Stock owned by the reporting persons due to a reporting error which first occurred in the Form 4 filed by the reporting persons on August 30, 2023.

<u>Chicago Pacific Founders UGP III</u> <u>LLC, /s/ Michael Wilson,</u> authorized signatory	10/04/2023
Chicago Pacific Founders GP III, L.P., /s/ Michael Wilson, authorized signatory	<u>10/04/2023</u>
CPF III PT SPV, LLC, /s/ Michael Wilson, authorized signatory	10/04/2023
<u>CPF III-A PT SPV, LLC, /s/</u> <u>Michael Wilson, authorized</u> signatory	10/04/2023
** 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.