

OMB APPROVAL	
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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 * <u>Leavitt Equity Partners III, L.P.</u> _____ (Last) (First) (Middle) 299 SOUTH MAIN STREET SUITE 2300 _____ (Street) SALT LAKE CITY UT 84111 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 04/06/2023	3. Issuer Name and Ticker or Trading Symbol <u>P3 Health Partners Inc. [ PIII ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) <input checked="" type="checkbox"/> Other (specify below) <p style="text-align: center;">See Remarks</p>	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A common stock	8,944,543	D	

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				
Warrant	(1)	04/05/2028	Class A common stock 6,708,407	1.13	D	

1. Name and Address of Reporting Person * <u>Leavitt Equity Partners III, L.P.</u> _____ (Last) (First) (Middle) 299 SOUTH MAIN STREET SUITE 2300 _____ (Street) SALT LAKE CITY UT 84111 _____ (City) (State) (Zip)
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1. Name and Address of Reporting Person * <u>Leavitt Equity Partners III, LLC</u> _____ (Last) (First) (Middle) 299 SOUTH MAIN STREET SUITE 2300 _____ (Street) SALT LAKE CITY UT 84111 _____ (City) (State) (Zip)
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**Explanation of Responses:**

1. Exercisable Immediately.

**Remarks:**

Member of a 13(d) group that is a ten percent owner.

Leavitt Equity Partners III, L.P.  
 By: /s/ Taylor Leavitt, authorized signatory 04/19/2023  
Leavitt Equity Partners III, LLC  
 By: /s/ Taylor Leavitt, authorized signatory 04/19/2023

\*\* 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 5 (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.**