FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR	ROVAL
OMB Number:	3235-0287
Estimated average	burden
hours por recognice	0.5

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 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

(I IIII OI I y	pe Response	3)													
1. Name and Address of Reporting Person * TOLAN MARY A			2. Issuer Name and Ticker or Trading Symbol P3 Health Partners Inc. [PIII]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director 10% Owner					
(Last) (First) (Middle) C/O P3 HEALTH PARTNERS INC., 2370 CORPORATE CIRCLE, SUITE 300				3. Date of Earliest Transaction (Month/Day/Year) 03/24/2022							Officer (give	e title below)	Other	(specify below)	
HENDE	(Street) HENDERSON, NV 89074				4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing/Check Applicable Line) X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Cit	y)	(State)	(Zip)			Ta	ble I	- Non-Deri	vative Securitie	s Acquired	l, Disposed	of, or Bene	ficially Owned	ı	
1.Title of S (Instr. 3)	Security		2. Transaction Date (Month/Day/Year)	2A. Dec Executi any (Month	on Date	, if C		8) (1	A) or Disposed of Instr. 3, 4 and 5) (A) or Manual (A) or (D)	of (D) Own Train		ecurities Be ing Reported	d OF	wnership of orm: Be irect (D) Or Indirect (Ir	eneficial wnership
Reminder:	report on a s	•						Person		d to the co	ollection a	of informat	ion containe	d SEC 14	74 (9-02)
Keminder:	report on a c	•						in this f	s who respon form are not r is a currently osed of, or Bene	equired to valid OMB eficially Ow	respond control r	unless the		d SEC 14	74 (9-02)
1. Title of	2. Conversion	3. Transaction Date (Month/Day/Year)	Table II - 3A. Deemed Execution Date, if	4. Transac Code	ts, calls 5. tion of Se or of (Ir	warr Numbe	ants, er ntive s l (A) sed	in this t display uired, Dispo options, co	s who respon form are not r is a currently osed of, or Bend nvertible secur crecisable and Date	equired to valid OMB eficially Ow	respond control r rned d Amount ring	unless the umber.	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	Date	Table II - 3A. Deemed Execution Date, if any	4. Transac Code	tion of Se Acor of (Ir an	Numbo Deriva curities quired Dispos (D) sstr. 3,	ants, er ntive s l (A) sed	in this t display uired, Dispo options, co 6. Date Exe Expiration	s who respon form are not r s a currently osed of, or Bene nvertible secur creisable and Date y/Year)	equired to valid OMB eficially Ow ities) 7. Title and of Underly Securities	respond control r rned d Amount ring	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
TOLAN MARY A C/O P3 HEALTH PARTNERS INC. 2370 CORPORATE CIRCLE, SUITE 300 HENDERSON, NV 89074	X					

Signatures

/s/ Jessica Puathasnanon, as attorney-in-fact	03/28/2022
Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) The option vests and becomes exercisable with respect to 50% of the shares on each of March 24, 2023 and March 24, 2024.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.