FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

| 1. Name and Address of Reporting Person* 2. Issuer Name and Ticker or Trading Symbol 5. Relationship of Reporting Person(s) to Issuer Cohen Jay A | | | | of Section So(n) of the investment Company Act of 1940 | | | |
|---|---|-----------|---------------|--|-------|----------------------------|-----------------------|
| (Last) (First) (Middle) C/O BRP GROUP, INC. 3. Date of Earliest Transaction (Month/Day/Year) below) 4211 W. BOY SCOUT BLVD., SUITE 800 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) (Street) X Form filed by One Reporting Person | 1. Name and Address of Reporting Person | | | ° , | (Chec | k all applicable) | |
| (Street) TAMPA FILE 22007 4. If Amendment, Date of Original Filed (Month/Day/Year) (Street) X Form filed by One Reporting Person | C/O BRP GRO | UP, INC. | × , | | | | |
| | 4211 W. BOY 9 | SCOUT BLV | D., SUITE 800 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | vidual or Joint/Group Fili | ing (Check Applicable |
| TAMPA FL 33607 Form filed by More than One Reporting | 1 ' | | | | X | Form filed by One Re | porting Person |
| Person | TAMPA | FL | 33607 | | | , | an One Reporting |
| (City) (State) (Zip) | (City) | (State) | (Zip) | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities Beneficially | (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
|---------------------------------|--|---|------------------------------|---|---|---------------|--------|------------------------------------|----------------|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Class A Common Stock | 09/17/2021 | | Р | | 2,800 | A | \$30.5 | 3,614 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 3. Transaction 3A. Deemed 4. 5. Number 6. Date Exercisable and of 7. Title and Amount of 8. Price of Derivative 9. Number of Ownershin

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any ' | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and 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 Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|----------|---|---|---|-----|--|--------------------|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

<u>/s/ Christopher Stephens, as</u> <u>Attorney-in Fact, for Jay A.</u>

09/20/2021

<u>Cohen</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \star 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.