FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPF	ROVAL								
OMB Number:	3235-0287								
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(0). 30	ee instruction i	U.																		
Name and Address of Reporting Person* Linynsky Laura A					2. Issuer Name and Ticker or Trading Symbol Pediatrix Medical Group, Inc. [MD]							(5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
														1	Direc	ctor		10% O	wner	
(Last) (First) (Middle) 1301 CONCORD TERRACE				3. Date of Earliest Transaction (Month/Day/Year) 08/27/2024										Office below	er (give title v)		Other (sbelow)	specify		
	4. If /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable										
(Street)														Line)						
SUNRIS	E FL	3	3323											1	Form	filed by On	e Repo	orting Pers	on	
BUINING	L IL	, ,	3323													filed by Mo	re than	One Rep	orting	
,														Person						
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - No	nn-Deriva	tive 9	Secui	rities	Δα	nuirec	l Dis	posed of	or F	Renefic	rially	Own	ed				
								7.00	_	, 5.0	-	-			1		1			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N					·	Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3,				4 and 5) Secu Bene Own		curities neficially		: Direct r Indirect	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price			ted action(s) 3 and 4)			(Instr. 4)	
Common Stock 08/27/20					024			S		7,000	D	\$11.	\$11.16 ⁽¹⁾		30,805		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
				(e.g., pt	Its, ca	aiis, v	varra	ants,	optio	ons,	convertib	ie se	curitie	S)						
1. Title of Derivative Security (Instr. 3)				Transaction Code (Instr. B)		rative rities sired r osed) . 3, 4	Expiration I (Month/Day		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins	rice of ivative derivative securities Beneficial Owned Following Reported Transactic (Instr. 4)		y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares							

Explanation of Responses:

1. The price reported in Colum 4 is a weighted average price. The reported securities were sold in multiple transactions with prices ranging from \$11.16 to \$11.18 for a weighted average sales price of \$11.16. The reporting person undertakes to provide the issuer, any security holder of the issuer or the staff of the Securities and Exchange Commission upon request, full information regarding the number of shares sold at each seperate price within the range set forth in this footnote.

> /s/ Mary Ann E. Moore, 08/29/2024 Attorney-in-Fact

** 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.