FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT OF CHANGES IN BENEFICIAL OWNERS	HIP

OIVID AFFINOVAL											
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Swift James D					2. Issuer Name and Ticker or Trading Symbol Pediatrix Medical Group, Inc. [MD]							5. Relationship of Reporting Person(s) to Iss (Check all applicable)							
					, , ,								X	Office	tor er (give title		10% Ov Other (s		
(Last)	(Fir	rst) (M	/liddle)			3. Date of Earliest Transaction (Month/Day/Year) 12/14/2023						X	below	<i>(</i>)		below)	specify		
1301 CO	12,1	12/14/2023						Chief Executive Officer											
-	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											
SUNRIS	E FL	3	3323											filed by More than One Reporting					
(City)	(St	ate) (Z	Z ip)												Perso	on			
(- 3)	Rule 10b5-1(c) Transaction Indication																		
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended										nded to									
satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																			
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefi	cially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date				Execution Date,			3. 4. Securities Acq Transaction Code (Instr. 8) 5. 5						Securities For Beneficially (D)			7. Nature of Indirect			
(Month/E						ny .			טו <i>(ט)</i> (וווסנו. 3,		anu	Benefic			D) or Indirect	Beneficial Ownership			
					(,		Code	ode V Amount		(A) or Pric			Report Transa	ted action(s)			(Instr. 4)
			Code	<u> </u>	Amount	(D)	(D)		(Instr. 3 and 4)										
Common	Stock			12/14/	2023		S		5,764	D \$		9.58	90,874			D			
		Tal									osed of,				Owne	d			
				(e.g., pu	its, ca	ılls, v	varra	ınts,	optior	ıs, c	onvertib	le sec	curitie	s)					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, /Day/Year)		Transaction Code (Instr. 8) 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 (Ins 3 and 4)		Dei Sec (Ins	. Price of Perivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code			Date Exercisa			Title	Amoun or Numbe of Shares	r						

Explanation of Responses:

Remarks:

/s/ Mary Ann E. Moore, 12/15/2023 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.