FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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| STATEMENT (| JE CHANGES | IN RENEFICIAL | OWNERS |
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| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | 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* Cohen Jay A | | | | 2. Issuer Name and Ticker or Trading Symbol BRP Group, Inc. [BRP] | | | | | | | ck all app | , | ng Per | rson(s) to Is | | | | | |
|--|--|--|--|---|--|--|--|--|-----------------|------|---|--|-----------------------------------|--|--|---------------------------------|--|--|------------|
| (Last) | (Fir | st) (N | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2023 | | | | | | | Office below | er (give title v) | | Other (s | specify | | | |
| C/O BRP GROUP, INC. 4211 W. BOY SCOUT BLVD., SUITE 800 | | | | 4. If <i>A</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) TAMPA FL 33607 | | | | | | | | | | |) | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| | | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| (City) | (Sta | ate) (Z | Zip) | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | nded to | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | ay/Year) Exec | | Deemed ecution Date, ny onth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed 0 5) | | | | | | Securit Benefic Owned | Amount of curities neficially ned Following | | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | Amount (A) or | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Class A C | Common Sto | ock | | 04/01/2 | /2023 | | | | | | 737 | /37 A | | \$ <mark>0</mark> | 8,369 | | | D | |
| | | Tal | | | | | | | | | osed of, onvertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Executio if any (Month/E | | 4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | rative rities ired r osed) | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | S (I | . Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly Ov Fo Dii or (I) | O. Dwnership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | ber | | | | | |

Explanation of Responses:

Remarks:

/s/ Seth Cohen, as Attorneyin-Fact, for Jay A. Cohen

04/04/2023

** 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 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.