FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | : 0.5 | | | | | | | | |

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

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

| Name and Address of Reporting Person* Gochnour John J | | | | | 2. Issuer Name and Ticker or Trading Symbol Pennant Group, Inc. [PNTG] | | | | | | | | ck all app Direc | olicable) ctor | | | Owner | | |
|--|--|---------|------------|--|---|--|---|------------|--|--|--|---------------------------|-----------------------------------|---|--|--|---|---|-----|
| (Last) | (Fir | st) (M | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 05/11/2023 | | | | | | | X | belov | er (give title v) Chief Oper | | Other (s below) Officer | specily | | |
| 1675 EAST RIVERSIDE DRIVE, SUITE 150 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) EAGLE | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (Z | Zip) | | Rule | 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 to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | ended to | | | |
| | | Table | I - No | n-Deriva | ive Se | ecur | ities | Acq | uired, | Dis | posed of | f, or I | Bene | ficial | ly Owr | ned | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | /Year) | Execu | Deemed ution Date, / th/Day/Year) | | | | ties Acquired (A I Of (D) (Instr. 3 | | 3, 4 and Sec Ber Ow | | Amount of curities neficially ned llowing | | n: Direct or ect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) P | | rice | Transa | Reported Transaction(s) Instr. 3 and 4) | | | ` , |
| Common Stock 05/11/2 | | | | | 2023 | | | | P | | 1,232 | A | \ \$ | 11.04 | 7. | 73,982 | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | tive Conversion Date Execution Date, by or Exercise (Month/Day/Year) if any | | tion Date, | 4. Transaction Code (Instr. 8) | | 5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | rative rities iired r osed) | Expiration | ate Exercisable and iration Date nth/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D) or Indirect (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amou or Numb of Share | per | | | | | |

Explanation of Responses:

Remarks:

/s/ Kirk Cheney, as attorney-

05/15/2023

<u>in-fact</u>

** 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.