FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

shington, D.C. 20549

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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).	ANNUAL STATEMEN

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0362								
Estimated average	burden								
hours per response	: 1.0								

Form										not	nours per response:			1.0				
X Form	Transactions I	Reported.	Filed	d pursuant to Se or Section 3								1934						
Name and Address of Reporting Person* ROBERTS DAVID MARTIN				2. Issuer Name and Ticker or Trading Symbol VERRA MOBILITY Corp [VRRM]							Relationship neck all app X Direc	licable) tor	Ü	10%	own	ner		
(Last) 1150 N.	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 01/25/2019							ear)	X Officer (give title Other (specify below) below) President and CEO									
(Street) MESA AZ 85201 (City) (State) (Zip)								Aste of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check A Line) X Form filed by One Reporting Pers Form filed by More than One Rep								erson	1	
		Table	l - Non-Deriva	ative Secur	ities	Acq	quire	ed, Dis	posed	of, o	r Be	eneficia	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispo Of (D) (Instr. 3, 4 and 5)			Disposed	Securities Beneficially			: Direct	Direct Benefic			
								Amount		(A) or (D)			Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)	
Class A (Common Sto	non Stock 01/25/2019 G4 222,321 ⁽¹⁾ D \$0.00 560,636 ⁽²⁾					D											
Class A (Common Sto	ock											222,321 ⁽¹⁾ I		I	Trust		
Class A Common Stock		12/14/2022			G		10,	000	D		\$0.00	219,	745 ⁽³⁾ I		I	Trust		
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)	of	r r osed) . 3, 4	Expi (Mor	ate Exercisable and ration Date hth/Day/Year) Expiration cisable Date			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		hip O)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

- 1. On January 25, 2019, the reporting person transferred shares of Class A Common Stock to a family trust of which the reporting person is a trustee. The reporting person and members of his immediate family are the sole beneficiaries of the Trust.
- 2. The shares listed in Column 5 are being corrected as they incorrectly overreported the Class A Common Stock owned directly by the filer as a result of a transfer of shares to a trust in which the reporting person is a trustee. The filer just became aware of this inaccuracy and is updating the amount of securities beneficially owned.
- 3. The shares listed in Column 5 are being corrected as they incorrectly underreported the Class A Common Stock owned by the trust. The filer just became aware of this inaccuracy and is updating the amount of securities beneficially owned.

Remarks:

/s/ David M. Roberts, by

Raphael Avraham as 01/12/2023

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.