## OMB APPROVAL

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB NUMBER:
|EXPIRES:
| JUNE 30, 2012
|ESTIMATED AVERAGE
|BURDEN HOURS
|PER RESPONSE ...11

SCHEDULE 13G

SHARES BENEFICIALLY

	Under the Securities Exchange Act of 1934 (Amendment No. 1 )*
	Verra Mobility Corporation (VRRM)
	(Name of Issuer)
	Common Stock
	(Title of Class of Securities)
	92511U102 
	(CUSIP Number)
	December 31, 2018
	(Date of Event Which Requires Filing of this Statement)
Check the is filed:	appropriate box to designate the rule pursuant to which this Schedule
[X]	Rule 13d-1(b)
[ ]	Rule 13d-1(c)
[ ]	Rule 13d-1(d)
initial fi and for ar	inder of this cover page shall be filled out for a reporting person's iling on this form with respect to the subject class of securities, by subsequent amendment containing information which would alter the es provided in a prior cover page.
not be dee Securities the liabil	mation required in the remainder of this cover page shall emed to be "filed" for the purpose of Section 18 of the s Exchange Act of 1934 ("Act") or otherwise subject to lities of that section of the Act but shall be subject ner provisions of the Act (however, see the Notes).
CUSIP No.	92511U102 SCHEDULE 13G
(1)	NAMES OF REPORTING PERSONS I.R.S. IDENTIFICATION NOS. OF ABOVE PERSONS (entities only)
	Alyeska Investment Group, L.P.
(2)	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP (See Instructions):  (a) [ ] (b) [ ]
(3)	SEC USE ONLY
(4)	CITIZENSHIP OR PLACE OF ORGANIZATION
	Delaware
	(5) SOLE VOTING POWER
NUMBER OF	0

(6) SHARED VOTING POWER

OWNED BY EACH REPOR	RTING		0	
PERSON WI	ТН	(7)	SOLE DISPOSITIVE POWER 0	
		(8)	SHARED DISPOSITIVE POWER 0	
(9)		IALLY	OWNED BY EACH REPORTING PERSON	
	0 			
(10)	(See Instructions)		DUNT IN ROW (9) EXCLUDES CERTAIN S [	HARES ] 
(11)	PERCENT OF CLASS REPRESEN	NTED	BY AMOUNT IN ROW (9)	
(12)	TYPE OF REPORTING PERSON IA	(See	Instructions)	
CUSIP No.	92511U102 		SCHEDULE 13G	
(1)	NAMES OF REPORTING PERSON I.R.S. IDENTIFICATION NOS		ABOVE PERSONS (entities only)	
	Alyeska Fund GP, LLC			
(2)			A MEMBER OF A GROUP (See Instruct. (a) [ ] (b) [ ]	ions):
(3)	SEC USE ONLY			
(4)				
(4)	CITIZENSHIP OR PLACE OF (	ORGAN	IZATION	
(4)	CITIZENSHIP OR PLACE OF ( Delaware	ORGAN	IZATION	
NUMBER OF				
NUMBER OF SHARES BENEFICIAL OWNED BY	Delaware 	(5)	SOLE VOTING POWER  O SHARED VOTING POWER  O	
NUMBER OF SHARES BENEFICIAL	Delaware  LLY RTING	(5) (6)	SOLE VOTING POWER  0  SHARED VOTING POWER	
NUMBER OF SHARES BENEFICIAL OWNED BY EACH REPOL	Delaware  LLY RTING	(5) (6) (7)	SOLE VOTING POWER  O SHARED VOTING POWER  O SOLE DISPOSITIVE POWER	
NUMBER OF SHARES BENEFICIAL OWNED BY EACH REPOR PERSON WIT	Delaware  LLY  RTING TH	(5) (6) (7) (8)	SOLE VOTING POWER  0  SHARED VOTING POWER  0  SOLE DISPOSITIVE POWER  0  SHARED DISPOSITIVE POWER	
NUMBER OF SHARES BENEFICIAL OWNED BY EACH REPOR PERSON WIT	Delaware  LLY  RTING TH	(5) (6) (7) (8)	SOLE VOTING POWER  O  SHARED VOTING POWER  O  SOLE DISPOSITIVE POWER  O  SHARED DISPOSITIVE POWER	
NUMBER OF SHARES BENEFICIAL OWNED BY EACH REPOI PERSON WIT	Delaware  LLY  RTING TH  AGGREGATE AMOUNT BENEFICE  0	(5) (6) (7) (8) IALLY	SOLE VOTING POWER  0  SHARED VOTING POWER  0  SOLE DISPOSITIVE POWER  0  SHARED DISPOSITIVE POWER  0  OWNED BY EACH REPORTING PERSON  DUNT IN ROW (9) EXCLUDES CERTAIN S	
NUMBER OF SHARES BENEFICIAL OWNED BY EACH REPOI PERSON WIT	Delaware  LLY  RTING TH  AGGREGATE AMOUNT BENEFICE  0  CHECK BOX IF THE AGGREGAT (See Instructions)  PERCENT OF CLASS REPRESEN	(5) (6) (7) (8) (8) (FE AM)	SOLE VOTING POWER  O SHARED VOTING POWER  O SOLE DISPOSITIVE POWER  O SHARED DISPOSITIVE POWER  O OWNED BY EACH REPORTING PERSON  DUNT IN ROW (9) EXCLUDES CERTAIN SI  [ BY AMOUNT IN ROW (9)	HARES
NUMBER OF SHARES BENEFICIAL OWNED BY EACH REPOREMENT (9)	Delaware  LLY  RTING TH  AGGREGATE AMOUNT BENEFICE  0  CHECK BOX IF THE AGGREGAT (See Instructions)  PERCENT OF CLASS REPRESEN 0%  TYPE OF REPORTING PERSON 00	(5) (6) (7) (8) (8) (FE AMOUNTED (See	SOLE VOTING POWER  O SHARED VOTING POWER  O SOLE DISPOSITIVE POWER  O SHARED DISPOSITIVE POWER  O OWNED BY EACH REPORTING PERSON  DUNT IN ROW (9) EXCLUDES CERTAIN S  [ BY AMOUNT IN ROW (9) Instructions)	HARES
NUMBER OF SHARES BENEFICIAL OWNED BY EACH REPOREMENT (9)	Delaware  LLY  RTING TH  AGGREGATE AMOUNT BENEFICE  0  CHECK BOX IF THE AGGREGAT (See Instructions)  PERCENT OF CLASS REPRESEN 0%  TYPE OF REPORTING PERSON 00	(5) (6) (7) (8) (8) (FE AMOUNTED (See	SOLE VOTING POWER  O SHARED VOTING POWER  O SOLE DISPOSITIVE POWER  O SHARED DISPOSITIVE POWER  O OWNED BY EACH REPORTING PERSON  DUNT IN ROW (9) EXCLUDES CERTAIN SI  [ BY AMOUNT IN ROW (9)	HARES
NUMBER OF SHARES BENEFICIAL OWNED BY EACH REPORT PERSON WITH (10) (11) (12)	Delaware  LLY  RTING TH  AGGREGATE AMOUNT BENEFICE  0  CHECK BOX IF THE AGGREGAT (See Instructions)  PERCENT OF CLASS REPRESEN 0%  TYPE OF REPORTING PERSON 00	(5) (6) (7) (8) (8) (FE AM)	SOLE VOTING POWER  O SHARED VOTING POWER  O SOLE DISPOSITIVE POWER  O SHARED DISPOSITIVE POWER  O OWNED BY EACH REPORTING PERSON  DUNT IN ROW (9) EXCLUDES CERTAIN S  [ BY AMOUNT IN ROW (9) Instructions)	HARES
NUMBER OF SHARES BENEFICIAL OWNED BY EACH REPORT PERSON WITH (10) (11) (12)	Delaware  LLY  RTING TH  AGGREGATE AMOUNT BENEFICE  0  CHECK BOX IF THE AGGREGAT (See Instructions)  PERCENT OF CLASS REPRESEN 0%  TYPE OF REPORTING PERSON 00  92511U102  NAMES OF REPORTING PERSON	(5) (6) (7) (8) (8) (See (See (See (See (See (See (See (Se	SOLE VOTING POWER  O SHARED VOTING POWER  O SOLE DISPOSITIVE POWER  O SHARED DISPOSITIVE POWER  O OWNED BY EACH REPORTING PERSON  DUNT IN ROW (9) EXCLUDES CERTAIN SI [ BY AMOUNT IN ROW (9) Instructions)	HARES
NUMBER OF SHARES BENEFICIAL OWNED BY EACH REPORE PERSON WITH The second	Delaware  LLY  RTING TH  AGGREGATE AMOUNT BENEFICE  0  CHECK BOX IF THE AGGREGAT (See Instructions)  PERCENT OF CLASS REPRESEN 0%  TYPE OF REPORTING PERSON 00  92511U102  NAMES OF REPORTING PERSON	(5) (6) (7) (8) (8) (See (See (See (See (See (See (See (Se	SOLE VOTING POWER  O SHARED VOTING POWER  O SOLE DISPOSITIVE POWER  O SHARED DISPOSITIVE POWER  O OWNED BY EACH REPORTING PERSON  DUNT IN ROW (9) EXCLUDES CERTAIN S  [ BY AMOUNT IN ROW (9) Instructions)	HARES

(4)	CITIZENCUID OD DUCC		T74TTON		
(4)	CITIZENSHIP OR PLACE	: U⊢ URGAN	IZATIUN		
	Delaware 				
UMBER OF		(5)	SOLE VOTING POWER		
HARES ENEFICIA WNED BY	RTING	(6)	SHARED VOTING POWER		
EACH REPOR		(7)	SOLE DISPOSITIVE POWER		
		(8)	SHARED DISPOSITIVE POWER		
	ACCRECATE AMOUNT DEN				
(9)	0		OWNED BY EACH REPORTING PERSON		
(10)	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES (See Instructions)				
(11)	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW (9) 0%				
(12)	TYPE OF REPORTING PE				
USIP No.	92511U102	SCHEDU	LE 13G		
(1)	NAMES OF REPORTING P	PERSONS	ABOVE PERSONS (entities only)		
	NAMES OF REPORTING PI.R.S. IDENTIFICATION Anand Parekh CHECK THE APPROPRIAT	PERSONS ON NOS. OF TE BOX IF	ABOVE PERSONS (entities only)  A MEMBER OF A GROUP (See Instructions):  (a) [ ]  (b) [ ]		
(2)	NAMES OF REPORTING PI.R.S. IDENTIFICATION Anand Parekh CHECK THE APPROPRIAT	PERSONS ON NOS. OF	ABOVE PERSONS (entities only)  A MEMBER OF A GROUP (See Instructions):  (a) [ ]  (b) [ ]		
(2)	NAMES OF REPORTING PI.R.S. IDENTIFICATION Anand Parekh CHECK THE APPROPRIAT	PERSONS ON NOS. OF TE BOX IF TE OF ORGAN	ABOVE PERSONS (entities only)  A MEMBER OF A GROUP (See Instructions): (a) [ ] (b) [ ]		
(2) (3) (4)	NAMES OF REPORTING PIR.S. IDENTIFICATION Anand Parekh  CHECK THE APPROPRIATE  SEC USE ONLY  CITIZENSHIP OR PLACE	PERSONS ON NOS. OF TE BOX IF TE OF ORGAN Prica	ABOVE PERSONS (entities only)  A MEMBER OF A GROUP (See Instructions): (a) [ ] (b) [ ]		
(2) (3) (4)umber of HARES ENEFICIA	NAMES OF REPORTING PI.R.S. IDENTIFICATION Anand Parekh  CHECK THE APPROPRIATE  SEC USE ONLY  CITIZENSHIP OR PLACE United States of Ame	PERSONS ON NOS. OF TE BOX IF TE OF ORGAN Prica (5)	ABOVE PERSONS (entities only)  A MEMBER OF A GROUP (See Instructions): (a) [] (b) []  IZATION  SOLE VOTING POWER 0  SHARED VOTING POWER 0		
(3)	NAMES OF REPORTING P I.R.S. IDENTIFICATIO Anand Parekh  CHECK THE APPROPRIAT  SEC USE ONLY  CITIZENSHIP OR PLACE United States of Ame	PERSONS ON NOS. OF TE BOX IF TE OF ORGAN Prica (5) (6)	ABOVE PERSONS (entities only)  A MEMBER OF A GROUP (See Instructions): (a) [] (b) []  IZATION  SOLE VOTING POWER 0  SHARED VOTING POWER		
(2) (3) (4)  UMBER OF HARES ENEFICIA WNED BY ACH REPO	NAMES OF REPORTING P I.R.S. IDENTIFICATIO Anand Parekh  CHECK THE APPROPRIAT  SEC USE ONLY  CITIZENSHIP OR PLACE United States of Ame	PERSONS ON NOS. OF TE BOX IF TE OF ORGAN Prica (5) (6) (7)	ABOVE PERSONS (entities only)  A MEMBER OF A GROUP (See Instructions): (a) [] (b) []  IZATION  SOLE VOTING POWER 0  SHARED VOTING POWER 0  SOLE DISPOSITIVE POWER		
(2) (3) (4)  UMBER OF HARES ENEFICIA WNED BY ACH REPO	NAMES OF REPORTING P I.R.S. IDENTIFICATIO Anand Parekh  CHECK THE APPROPRIAT  SEC USE ONLY  CITIZENSHIP OR PLACE United States of Ame	PERSONS ON NOS. OF TE BOX IF TE OF ORGAN Prica (5) (6) (7) (8)	ABOVE PERSONS (entities only)  A MEMBER OF A GROUP (See Instructions): (a) [] (b) []		
(2) (3) (4) (4)  UMBER OF HARES ENEFICIA WNED BY ACH REPO	NAMES OF REPORTING P I.R.S. IDENTIFICATIO Anand Parekh  CHECK THE APPROPRIAT  SEC USE ONLY  CITIZENSHIP OR PLACE United States of Ame	PERSONS ON NOS. OF TE BOX IF TE OF ORGAN Prica (5) (6) (7) (8)	ABOVE PERSONS (entities only)  A MEMBER OF A GROUP (See Instructions): (a) [] (b) []  IZATION  SOLE VOTING POWER 0  SHARED VOTING POWER 0  SHARED DISPOSITIVE POWER 0  SHARED DISPOSITIVE POWER 0		
(2) (3) (4)  UMBER OF HARES ENEFICIA WNED BY ACH REPOIERSON WITH	NAMES OF REPORTING P I.R.S. IDENTIFICATIO Anand Parekh  CHECK THE APPROPRIAT  SEC USE ONLY  CITIZENSHIP OR PLACE United States of Ame  LLY  RTING TH  AGGREGATE AMOUNT BEN	PERSONS ON NOS. OF TE BOX IF TE OF ORGAN Prica (5) (6) (7) (8) TEFICIALLY	ABOVE PERSONS (entities only)  A MEMBER OF A GROUP (See Instructions): (a) [] (b) []  IZATION  SOLE VOTING POWER 0  SHARED VOTING POWER 0  SOLE DISPOSITIVE POWER 0  SHARED DISPOSITIVE POWER 0  OWNED BY EACH REPORTING PERSON  OUNT IN ROW (9) EXCLUDES CERTAIN SHARES		
(2)  (3)  (4)  JMBER OF HARES ENEFICIA WNED BY ACH REPOI	NAMES OF REPORTING P I.R.S. IDENTIFICATIO Anand Parekh  CHECK THE APPROPRIAT  SEC USE ONLY  CITIZENSHIP OR PLACE United States of Ame  LLY  RTING TH  AGGREGATE AMOUNT BEN 0  CHECK BOX IF THE AGG (See Instructions)	PERSONS ON NOS. OF TE BOX IF TE OF ORGAN Prica (5) (6) (7) (8) TEFICIALLY	ABOVE PERSONS (entities only)  A MEMBER OF A GROUP (See Instructions): (a) [] (b) []  IZATION  SOLE VOTING POWER 0  SHARED VOTING POWER 0  SOLE DISPOSITIVE POWER 0  SHARED DISPOSITIVE POWER 0  OWNED BY EACH REPORTING PERSON  OUNT IN ROW (9) EXCLUDES CERTAIN SHARES		

Item 1(a). Name of Issuer:

Verra Mobility Corporation

Item 1(b). Address of Issuer's Principal Executive Offices:

1150 N. Alma School Road

Mesa, AZ 85201

Item 2(a). Name of Persons Filing:

- (i) Alyeska Investment Group, L.P.
- (ii) Alyeska Fund GP, LLC
- (iii) Alyeska Fund 2 GP, LLC
- (iv) Anand Parekh

Item 2(b). Address of Principal Business Office or, if None, Residence:

- (i) 77 West Wacker Drive, 7th Floor Chicago, IL 60601
- (ii) 77 West Wacker Drive, 7th Floor Chicago, IL 60601
- (iii) 77 West Wacker Drive, 7th Floor Chicago, IL 60601
- (iv) 77 West Wacker Drive, 7th Floor Chicago, IL 60601

Item 2(c). Citizenship:

- (i) Alyeska Investment Group, L.P.- Delaware
- (ii) Alyeska Fund GP, LLC- Delaware
- (iii) Alyeska Fund 2 GP, LLC- Delaware
- (iv) Anand Parekh United States of America

Item 2(d). Title of Class of Securities: Common Stock

Item 2(e). CUSIP Number: 92511U102

Item 3. If This Statement is Filed Pursuant to Sections 240.13d-1(b) or 240.13d-2(b), Check Whether the Person Filing is a:

- (a) Alyeska Investment Group, L.P., a limited partnership organized under the laws of the State of Delaware, is a registered investment adviser under Section 203 of the Investment Advisers Act of 1940, as amended, and is reporting in accordance with 240.13d-1(b)(1)(ii)(E).
- (b) Alyeska Fund GP, LLC, a limited liability company organized under the laws of the State of Delaware, serves as the General Partner and control person of Alyeska Master Fund, L.P., and is reporting in accordance with 240.13d-1(b)(1)(ii)(G).

- (c) Alyeska Fund 2 GP, LLC, a limited liability company organized under the laws of the State of Delaware, serves as the General Partner and control person of Alyeska Master Fund 2, L.P., and is reporting in accordance with 240.13d-1(b)(1)(ii)(G).
- (d) Anand Parekh is the Chief Executive Officer and control person of Alyeska Investment Group, L.P., and is reporting in accordance with 240.13d-1(b)(1)(ii)(G).

#### Item 4. Ownership.

Provide the following information regarding the aggregate number and percentage of the class of securities of the issuer identified in Item 1.

- (a) Amount beneficially owned: Please refer to items 5-9 of the cover pages attached hereto
- (b) Percent of class: Please refer to item 11 of the cover pages attached hereto
- (c) Number of shares as to which the person has: Please refer to items 5-8 of the cover pages attached hereto
- Item 5. Ownership of Five Percent or Less of a Class.
  If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than 5 percent of the class of securities, check the following: [X]
- Item 6. Ownership of More than Five Percent on Behalf of Another Person.
  Not Applicable
- Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent Holding Company or Controlling Person. Not Applicable
- Item 8. Identification and Classification of Members of the Group. Not Applicable
- Item 9. Notice of Dissolution of Group
  Not Applicable

### Item 10. Certification

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

CUSIP NO. 92511U102 SCHEDULE 13G

#### **SIGNATURES**

After reasonable inquiry and to the best of our knowledge and belief, the undersigned certify that the information set forth in this statement is true, complete and correct.

Dated: February 14, 2019

Alyeska Investment Group, L.P.

By: /s/ Jason Bragg ------Name: Jason Bragg Title: Chief Financial Officer and Chief Compliance Officer Alyeska Fund GP, LLC By: /s/ Jason Bragg Name: Jason Bragg Title: Chief Financial Officer and Chief Compliance Officer Alyeska Fund 2 GP, LLC By: /s/ Jason Bragg Name: Jason Bragg Title: Chief Financial Officer and Chief Compliance Officer Anand Parekh By: /s/ Anand Parekh Name: Anand Parekh Individually CUSIP NO. 92511U102 SCHEDULE 13G Exhibit A Agreement The undersigned agree that the statement to which this exhibit is appended is filed on behalf of each of them. Dated: February 14, 2019 Alyeska Investment Group, L.P. By: /s/ Jason Bragg Name: Jason Bragg Title: Chief Financial Officer and Chief Compliance Officer Alyeska Fund GP, LLC By: /s/ Jason Bragg Name: Jason Bragg Title: Chief Financial Officer and Chief Compliance Officer Alyeska Fund 2 GP, LLC By: /s/ Jason Bragg Name: Jason Bragg Title: Chief Financial Officer and Chief Compliance Officer

Anand Parekh

By: /s/ Anand Parekh

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Name: Anand Parekh

Individually