FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D. | C. 20549 |
|----------------|----------|
|----------------|----------|

| STATEMENT | OF CHANGES | S IN BENEFICIAL | OWNERSHIP |
|-----------|------------|-----------------|-----------|
| | | | |

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

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person* <u>COLLINS REBECCA</u> | | | | 2. Issuer Name and Ticker or Trading Symbol VERRA MOBILITY Corp [VRRM] | | | | | | | | (Che | ck all app | licable) tor | ng Pe | rson(s) to Is 10% O Other (| /ner | | |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------|---------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------|--------------------------------------------------------------------------------------------------|--------------|----------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|-------------|--------|---------|
| (Last) | (Fir | st) (N | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/15/2022 | | | | | | | | 7 | | Officer (give title below) General | | below) | specify |
| (Street) MESA (City) | AZ | ate) (Z | 5201 Zip) | 2 Dariya | | 4. If Amendment, Date of Original Filed (Month/Day/Year) tive Securities Acquired, Disposed of, or Benef | | | | | | | Line) | Form | | | | | |
| | | Table | I - NOI | 1-Deriva | uive | secu | riues | Acq | uirea, | ואסוט | posea oi | , or E | sene | iiciai | iy Own | eu | | | |
| Date | | | 2. Transad Date (Month/Da | Execution Dat | | Date, | Transaction Disposed Of Code (Instr. 5) | | es Acquired (A) Of (D) (Instr. 3, 4 | | | Benefic | ies cially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | ction(s) 3 and 4) | | | (IIIStil 4) | | |
| Class A Common Stock 0 | | | 02/15/ | 2022 | | | S ⁽¹⁾ | | 4,000 | 1 | | \$17.5 | 37,564 | | | 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) | | | | Transaction Code (Instr. 3) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration Date (Month/Day/Year) Date Expiration | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | str. | Price of erivative ecurity istr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: y Direct (D or Indirec (I) (Instr. | Ownership | Beneficial Ownership t (Instr. 4) | | | |
| | | | | | Code V (A) (D) | | (D) | Exercisable Date | | Title Shares | | es | | | | | | | |

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by Rebecca Collins on November 9, 2021.

Remarks:

/s/ Rebecca Collins

** Signature of Reporting Person

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.