SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] <u>FARRELL SARAH E</u>	2. Date of E Requiring S (Month/Day 12/30/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol VERRA MOBILITY Corp [VRRM]				
(Last) (First) (Middle) 1170 GORGAS AVENUE			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) SAN FRANCISCO CA 94129 (City) (State) (Zip)			Officer (give title below)		(specify	A Person	e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned							
			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned(e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4)2. Date Exercisable at Expiration Date (Month/Day/Year)		ate	3. Title and Amount of Secur Underlying Derivative Securi (Instr. 4)		4. Conversi or Exerci	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivativ Security	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

/s/ Sarah E. Farrell

01/04/2022 Date

** 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 5 (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.