FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

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* Retchin Sheldon M | | | | | 2. Issuer Name and Ticker or Trading Symbol Aveanna Healthcare Holdings, Inc. [AVAH] | | | | | | [] (Ch | Relationship of Reporting F (Check all applicable) X Director | | | erson(s) to Issuer 10% Owner | | |
|--|--|------------|-----------------------------------|-------------------------------------|---|--|------|---|--------|---|--|--|--|---|---------------------------------|--------|--|
| | EANNA HE | ALTHCARE H | | 06 | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2021 | | | | | | | Officer below) | (give title | | Other (s below) | pecify | |
| 400 INTERSTATE NORTH PARKWAY SE | | | | 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) ATLAN | ΓA G | A | 30339 | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | ate) | (Zip) | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | Transaction ate onth/Day/Ye | Execution Date, | | Code (Instr. 5) | | | | Beneficia | es Formally (D) of (I) (II) | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Transact | Transaction(s) (Instr. 3 and 4) | | | | |
| | 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) | ivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | Code (| ansaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amour of Securities Underlying Derivative Securit (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | | expiration Pate | Title | Amount or Number of Shares | | | | | |
| Restricted Stock Units | (1) | 06/30/2021 | | A | | 10,509 | | (2) | | (2) | Common Stock, par value \$0.01 per share | 10,509 | \$0.00 | 10,509 | | D | |

Explanation of Responses:

- 1. Each restricted stock unit ("RSU") provides for the right to receive one share of common stock, \$0.01 par value per share ("common stock"), of Aveanna Healthcare Holdings Inc. .
- 2. The RSUs vest on June 30, 2022. Common stock in respect of vested RSUs will be delivered to the reporting person as soon as practicable following the vesting date, and, in any event, within 60 days following such date.

Remarks:

/s/ Shannon Drake, Attorney-In **fact**

07/06/2021

** 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.