FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| | STATEMENT | OF | CHANGES | IN BENEFI | CIAL | OWNERS | HIP |
|--|-----------|------------|---------|-----------|------|---------------|-----|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | | | | | | 014/11 | |
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| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| 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* RODGERS STEVEN E | | | | | 2. Issuer Name and Ticker or Trading Symbol Aveanna Healthcare Holdings, Inc. [AVAH] | | | | | | | | | all app Direc | tor | ng Pers | 10% Ov | vner | |
|--|---|------------------|---|------------------------|--|---|--|--|-----------------|--|---------------------------------|---|--|--|---|---|--|-----------------|---------|
| (Last) | (Fir EANNA HE | st) (M | Middle) OLDIN | NGS | | 3. Date of Earliest Transaction (Month/Day/Year) 02/21/2024 | | | | | | | Officer (give title below) | | Other (s below) | specify | | | |
| INC. 400 INT | ERSTATE 1 | NORTH PARKV | /AY SI | Е | 4. If <i>I</i> | Amend | ment, | Date o | f Origina | al File | d (Month/Da | y/Year) | | 6. Indi ⁱ Line) <u>X</u> | , | | | | |
| (Street) | ΓA GA | 3 | 0339 | | | | | | | | | | | | Form Perso | filed by Moi | re thar | n One Repo | orting |
| | | | | | Rul | le 10 |)b5- | 1(c) | Tran | sac | tion Indi | catio | on | | | | | | |
| (City) | (Sta | ate) (Z | ľip) | | | | | | | | saction was m ons of Rule 10 | | | | | uction or writt | en plar | n that is inter | nded to |
| | | tive S | ive Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | Exec y/Year) if any | | Deemed cution Date, y nth/Day/Year) | | 3. 4. Securitie Disposed Code (Instr. 8) | | es Acquired (A) of (D) (Instr. 3, 4 | | and Securi Benefi Owned | | ties cially Following | Form (D) or | r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or Pric | e | Report Transa (Instr. 3 | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common | Stock, par | value \$0.01 per | e \$0.01 per share 02/21/ | | 2024 | | | | A | | 53,942 | A | \$0 | .00(1) | 265,237 | | | D | |
| | | | | | | | | osed of, convertib | | | | Owne | t | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | 8. Price c Derivativ Security (Instr. 5) | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | r | | | | | |

Explanation of Responses:

1. Grant of stock-settled restricted stock unit, subject to one-year cliff vesting

/s/ Matthew Buckhalter, 02/23/2024 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.