FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D.C. 20549 |
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| Check this box if no longer subject to Section 16. Form 4 or Form 5 | STATEMEN |
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| obligations may continue. See | |
| Instruction 1(b). | Filed |

NT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| Name and Address of Reporting Person* Cunningham Patrick A. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Aveanna Healthcare Holdings, Inc. [AVAH] | | | | | | | | | ck all app Direc | , | ng Per | rson(s) to Is 10% Ov Other (s | vner |
|---|--|---------|----------|---|------|--|---|---------|--|-------|---|--------|-----------------------------------|---|---|-----------------------|--|--|---|
| (Last) | (Fir | st) (N | /liddle) | | | | | | | | | | | X | belov | , | | below) | |
| C/O AVEANNA HEALTHCARE HOLDINGS INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/14/2022 | | | | | | | | | Cl | nief Comp | liance | e Officer | |
| 400 INTERSTATE NORTH PARKWAY SE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| ATLAN | ATLANTA GA 30339 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | ate) (Z | ip) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | Exec if any | eemed ution Date, ' th/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securities Disposed O 5) | | | | | 4 and Secur Benef | | cially I Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | saction(s) r. 3 and 4) | | | (1130.4) | | | |
| Common Stock, par value \$0.01 per share 02/14/2 | | | | | | 2022 | | | | | 19,016 | A | \$ | 0.00(1 | O ⁽¹⁾ 119,095 | | | 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) | ivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any | | | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | Expirat | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | D S (II | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amor or Numl of Share | ber | | | | | |

Explanation of Responses:

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

Remarks:

/s/ Shannon Drake, Attorney-

02/16/2022

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.