FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

1. Name and Address of Reporting Person*					2. Iss	2. Issuer Name and Ticker or Trading Symbol Aveanna Healthcare Holdings, Inc. [ AVAH								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Strange	<u>lony</u>				1	Juiii	4 110	artin	oure r	1014	<u> </u>	- L 217	· · · ·	X	Direc	tor		10% Ov	vner	
(Last)	(Fir	st) (N	/liddle)											X	Office below	er (give title v)		Other (s	specify	
C/O AVEANNA HEALTHCARE HOLDINGS INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/19/2022									See Remarks					
400 INTERSTATE NORTH PARKWAY SE																				
					4. If A	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						
ATLANT	ATLANTA GA 30339															Form filed by More than One Reporting Person				
(City)	(Sta	ate) (Z	Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transactic Date (Month/Day/					if any	emed tion Date, n/Day/Year)				s Acquired (A) of (D) (Instr. 3, 4		and 5) Secur Benef		cially I Following	Form:	Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price		Transa	saction(s) rr. 3 and 4)			(Instr. 4)		
Common Stock, par value \$0.01 per share 05/19/20					)22				P		36,000	A	\$2.90	04(1) 1,0		580,134		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
4 Title of	2.	2 Transaction	24 De		1	ans, v	_		_			1		<del>-</del>	wi.a.a. a.f	O Number	a.f.   41	•	44 Natura	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Insi 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares							

## **Explanation of Responses:**

1. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$2.85 to \$2.97, inclusive. The reporting person undertakes to provide to Aveanna Healthcare Holdings Inc. ("Aveanna"), any security holder of Aveanna, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote.

## Remarks:

Director, Chief Executive Officer

/s/ Shannon Drake, Attorneyin-Fact

05/20/2022

\*\* 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.