FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	205/10
vvasiiiigtoii,	D.C.	20349

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* ZORETIC RICHARD C						2. Issuer Name and Ticker or Trading Symbol Aveanna Healthcare Holdings, Inc. [AVAH]] (Che	Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last)	`	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/15/2023									Officer below)	(give title		Other (s below)	pecify	
C/O AVEANNA HEALTHCARE HOLDINGS INC. 400 INTERSTATE NORTH PARKWAY SE				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)	ΓA G.	A	30339												Form filed by More than One Reporting Person					
(City)	(S	ate)	(Zip)		Ru	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instr														
		Tab	le I - Non	-Deriv	/ative	e Se	curit	ies Ac	qui	ired, D	isp	osed o	f, or I	3ene	eficiall	y Owned				
1. Title of Security (Instr. 3) 2. Transplate (Month/L				2A. Deemed Execution Date, if any (Month/Day/Year		,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			5. Amour Securitie Beneficia Owned F	s Forn ally (D) o ollowing (I) (Ir		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership						
									Code	v	Amount	(A (C	() or ()	Price	Reported Transact (Instr. 3 a	tion(s)		((Instr. 4)	
Common Stock 08/15.				5/202	n/2023			M		61,611 A		(1)	92,620			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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any				ransaction of ode (Instr. Derivative			6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)				ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		Ownership C Form: E Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Dat	ate cercisable		xpiration ate	Title	0 0	lumber					
Restricted Stock Units	(1)	08/15/2023			М			61,611		(2)		(2)	Comm Stock par val \$0.01 p share	ue 6 oer	61,611	\$0.00	0		D	

Explanation of Responses:

- 1. Each restricted stock unit converts into one share of common stock, \$0.01 par value per share, of Aveanna Healthcare Holdings Inc.
- $2.\ On\ August\ 15,\ 2022,\ the\ reporting\ person\ was\ granted\ 61,611\ restricted\ stock\ units,\ which\ vested\ on\ August\ 15,\ 2023.$

/s/ Shannon Drake, Attorney-

in-Fact

** Signature of Reporting Person

Date

08/24/2023

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.