FORM 4

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

Machinatan	D C	20540	
Nashington,	D.C.	20049	

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP
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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*  Retchin Sheldon M				2. Issuer Name and Ticker or Trading Symbol Aveanna Healthcare Holdings, Inc. [ AVAH								ationship k all app Direc	,	ng Pers	son(s) to Is					
						]							Λ		er (give title		Other (s	· I		
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/21/2024								belov	v) ``		below)	·		
	C/O AVEANNA HEALTHCARE HOLDINGS				V									2 Indi	i. Individual or Joint/Group Filing (Check Applicable					
INC. 400 INTERSTATE NORTH PARKWAY SE										inalvidual or Joint/Group Filing (Check Applicable ine)					opiicable					
400 IN I	EKSTATET	NOKIH PAKKV	VAI SI	<u> </u>									X	, , ,						
(Street)															Form filed by More than One Reporting Person					
ATLAN	ΓA GA	3	0339		D.I.															
-					Nui	Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
			I - No						uired,	Dis	posed of	-								
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date		oate,	3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securi Benefi Owner		ities For icially (D) d Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) (D)	Pric	е		ted action(s) 3 and 4)			(Instr. 4)		
Common	ommon Stock, par value \$0.01 per share 02/21/2		02/21/2	2024			Α	A 53,942 A \$		\$0.	00(1)	296,485		D						
		Tal	ole II -	Derivati	ve Se	curit	ies A	Acqu	ired, [	Disp	osed of,	or Be	nefici	ally (	Owne	d	,			
											onvertib									
1. Title of Derivative Security (Instr. 3)	re Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		Dei Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [0]	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Numbe of Shares							

## **Explanation of Responses:**

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

/s/ Winthrop Rutherfurd, 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.

- $^{\star}$  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.