SEC Form 4

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

Instruction 1(I	ay continue. See	Fi	led pursuant to Section 16(a) of the Securities Exchange Act of 1934	Ļ	hours	s per response:	0.5	
			or Section 30(h) of the Investment Company Act of 1940					
1. Name and Address of Reporting Person [*] Windley Rodney D			2. Issuer Name and Ticker or Trading Symbol Aveanna Healthcare Holdings, Inc. [AVAH		ationship of Reporti k all applicable)	Reporting Person(s) to Issuer ble)		
<u>vvinuey Re</u>	<u>Juney D</u>			X	Director	10% Owne	er	
(Last)	(First)	(Middle)		X	Officer (give title below)	e Other (spe below)	cify	
INC		CARE HOLDINGS	3. Date of Earliest Transaction (Month/Day/Year) 12/15/2021		Director, Exe	cutive Chairman		
400 INTERS		I 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 Or	ne Reporting Person		
ATLANTA	GA	30339	_		Form filed by Mo Person	ore than One Reportir	ng	
(City)	(State)	(Zip)						
		Table I - Non-Deri	vative Securities Acquired, Disposed of, or Bene	ficially	y Owned			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Common Stock, par value \$0.01 per share	12/15/2021		Р		15,000	A	\$6.5 1	1,644,134	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)	2. Conversion or Exercise Price of Derivative Security	cise (Month/Day/Year) if any Code (Instr. (Month/Day/Year) 8)			Secu Acqu (A) o Dispo of (D)	vative rities lired r osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 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 Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Remarks:

/s/ Shannon Drake, Attorney-<u>in-Fact</u>

12/16/2021

** 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.