FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 33	235-0287								
l	Estimated average burden									
ı	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* Cunningham Patrick A.	2. Issuer Name and Ticker or Trading Symbol Aveanna Healthcare Holdings, Inc. [AVAH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify				Owner (specify		
(Last) (First) (Middle)										Λ	below	,	belov	′ I	
C/O AVEANNA HEALTHCARE HOLDI	3. Date of Earliest Transaction (Month/Day/Year) 05/26/2022									Ch	nef Comp	liance Office	r		
400 INTERSTATE NORTH PARKWAY S	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street)										'	Line) X Form filed by One Reporting Person				
ATLANTA GA 30339										Form filed by More than One Reporting Person				porting	
(City) (State) (Zip)															
Table I - N	on-Deriva	tive S	Secur	ities /	Acc	quired	l, Dis	sposed of	, or B	enefic	ially	Own	ed		
1. Title of Security (Instr. 3)	Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of (D) (Instr. 3, 4 securities Acquired (A) of (D)						ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	Amount	(A) or (D)	Price		Transa	ction(s) 3 and 4)		(1130.4)	
Common Stock, par value \$0.01 per share)22			P		3,100	A	\$3.10	05 ⁽¹⁾		2,195	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 (Instr. 3) 3. Transaction Date (Month/Day/Year) Execution (Month/Day/Year) (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Num of Derivat Securit Acquire (A) or Dispos of (D) (Instr. 3 and 5)	tive ties red sed	Expiration D		Oate Amou Year) Secur Under Deriva		nt of ties ying tive ty (Instr.	Der	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
Explanation of Responses:		Code	v	(A) ((D)	Date Exerci	sable	Expiration Date		Amount or Number of Shares					

1. The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$3.090 to \$3.140, 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:

/s/ Shannon Drake, Attorneyin-Fact

05/31/2022

** 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.