FORM 4

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Name and Address of Reporting Person*     Shaner Jeff						2. Issuer Name and Ticker or Trading Symbol Aveanna Healthcare Holdings, Inc. [ AVAH ]									heck all a Di	thip of Repo applicable) rector ficer (give tit		erson(s) to Is 10% O Other (	wner	
(Last)	(Fir	st) (N	∕liddle)												A be	low)		below)	·	
C/O AVEANNA HEALTHCARE HOLDINGS INC.						3. Date of Earliest Transaction (Month/Day/Year) 12/29/2021										Chief Op	eratin	g Officer		
400 INTERSTATE NORTH 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 One Reporting Person					
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. Transacti Date (Month/Day)						Execu (Year) if any		eemed ution Date, / th/Day/Year)				ies Acquired (A) Of (D) (Instr. 3,			d Sed Bei Ow	mount of urities eficially ned Followin orted	For (D)	rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or	Price	Tra	isaction(s) tr. 3 and 4)			(Instr. 4)	
Common Stock, par value \$0.01 per share 12/29/20						021					180,000	A	A	\$0.00	)(1)	1,076,289		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	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		f g	8. Price Derivati Security (Instr. 5)		e es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	or Nur of	ount nber ares						

## **Explanation of Responses:**

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

## Remarks:

/s/ Shannon Drake, Attorney-

01/03/2022

in-Fact

\*\* 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.