FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol Aveanna Healthcare Holdings, Inc. [AVAH]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Windley Rodney D														X	Director		10% Owi		ner	
(Last)	(Fir	rst) (N	/liddle)]									X	Office below	er (give title v)		Other (s below)	pecify	
C/O AVEANNA HEALTHCARE HOLDINGS						3. Date of Earliest Transaction (Month/Day/Year) 02/14/2022									Director, Executive Chairman					
INC.																				
400 INTERSTATE NORTH PARKWAY SE						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					on		
ATLANTA GA 30339													21	Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	Zip)												1 0130	,,,,				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Da			3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		and Securi Benefi		ties cially I Following	6. Owne Form: D (D) or In (I) (Instr	direct direct l	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or Pr	ice	Transaction(s) (Instr. 3 and 4)				instr. 4)	
Common Stock, par value \$0.01 per share 02/14/20					022				A		268,509	A	. \$0	$0.00^{(1)}$	1,9	12,643	D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
					its, ca	alis, v	_		_					_						
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)			tion Date,	on Date, Transac Code (Ir				6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		Der Sed (Ins	Price of rivative curity str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or I (I) (nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er						

Explanation of Responses:

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

Remarks:

/s/ Shannon Drake, Attorneyin-Fact

08/05/2022

** 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.