FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF CHA	ANGES 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* Windley Rodney D					Issuer Name and Ticker or Trading Symbol Aveanna Healthcare Holdings, Inc. [AVAH] Date of Earliest Transaction (Month/Day/Year)									ck all applica Director Officer (able)	g Perso	on(s) to Issu 10% Ow Other (s	ner			
(Last)	(F	irst)	(Middle)		02/	02/14/2024									below)			below)			
C/O AVEANNA HEALTHCARE HOLDINGS INC.					4. If	If Amendment, Date of Original Filed (Month/Day/Year)								6. Ind	6. Individual or Joint/Group Filing (Check Applicable						
400 INT	ERSTATE 1	NORTH PARKV	VAY SE											Line)	Line) X Form filed by One Reporting Person						
(Street)	ΓA G	A	30339										^	Form filed by More than One Reporting Person							
						Rule 10b5-1(c) Transaction Indication															
(City)	(S	tate)	(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.															
		Та	ble I - Non-	-Deriva	ative	e Se	curi	ties Ac	qui	ired, C)isp	osed c	of, or Bo	ene	ficially	Owned					
Date				2. Transa Date (Month/D	action 2A. Deemed Execution Date if any (Month/Day/Year)		, Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			5. Amount Securities Beneficia Owned For Reported	s Form ally (D) o ollowing (I) (Ir		: Direct I r Indirect I str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code	/	Amount	(A) (D)	(A) or (D) Price		Transaction(s) (Instr. 3 and 4)				iiisu. 4)						
Common Stock 02/1						4/2024			М		119,048 A			(1)	2,016,48			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)	Derivative Conversion Date Execution Date, Trans. Security or Exercise (Month/Day/Year) if any Code		ansact	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Exp	Expiration Date of S (Month/Day/Year) Und Der			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Co	ode V (A) (D)		(D)	Dat Exe	te ercisable		xpiration ate	Amount or Number of Shares		umber		(Instr. 4)					
Restricted Stock Units	(1)	02/14/2024		N	M			119,048		(2)		(2)	Common Stock, par value \$0.01 per share	11	19,048	\$0.00	0		D		

Explanation of Responses:

- 1. Each restricted stock unit ("RSU") converts into one share of common stock, \$0.01 par value per share, of Aveanna Healthcare Holdings Inc.
- 2. On February 14, 2023, the reporting person was granted 119,048 RSUs, which vested on February 14, 2024.

/s/ Winthrop Rutherfurd, 02/20/2024 Attorney-in-Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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.