FORM 4

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

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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

OMB APPROVAL								
OMB Number: 3235-0287								
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hours per response:	0.5							

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Name and Address of Reporting Person* Afshar David					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						
(Leet)	/Fi-	rot) (A	4:ddla)		1	1								X	Officer (give title below)			Other (specify below)	
(Last) (First) (Middle) C/O AVEANNA HEALTHCARE HOLDINGS INC					3. Date of Earliest Transaction (Month/Day/Year) 04/30/2021								Chief Financial 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)	ΓA GA	A 3	0339										,	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St	ate) (Z	Zip)																
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or B	Benef	iciall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution		ution [ion Date, Transaction Code (Instr.					4 and Securi Benefi Owned		ties cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code V Am		Amount	(A) (D)	or Pri	се		ted action(s) 3 and 4)			(Instr. 4)
Common Stock, par value \$0.01 per share 04/30/2					2021			P		4,284	A	\$1	11.67	.67 14,534			D		
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	rities ired r osed) : 3, 4	6. Date Expirat (Month	ion Da			int of ities rlying ative ity (Insi	De Se (In	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share:	er					

Explanation of Responses:

Remarks:

/s/ Shannon Drake, Attorney-

05/04/2021

** 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.