| SEC Form 4 | |
|------------|--|
|------------|--|

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 |
|-----------------------|-----------|
| Estimated average bur | den |
| hours per response: | 0.5 |

| Section obligat | this box if no l n 16. Form 4 c ions may cont tion 1(b). | | STAT | | led pu | ursuan | t to Sectio | n 16(a | a) of the S | Securi | NEFICI ties Exchar ompany Act | nge Act | of 193 | | ΗP | Estim | Numbe ated av | erage burder | 3235-0287 1 0.5 |
|--|---|--|--|---------|------------|--|-------------|--------------|------------------------------------|---------|--|---------------|---|---------------------------------|---|---|--|---|---------------------------------------|
| 1. Name and Address of Reporting Person* Drees Daniel | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>AvidXchange Holdings, Inc.</u> [AVDX] | | | | | | | | | ck all applica | ionship of Reporting all applicable) Director Officer (give title | | on(s) to Issu 10% Ov Other (s | wner |
| (Last) (First) (Middle) C/O AVIDXCHANGE HOLDINGS, INC. 1210 AVIDXCHANGE LANE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/08/2023 | | | | | | | | | below) below) President | | | | |
| (Street) CHARLOTTE NC 28206 (City) (State) (Zip) | | | | | _ 4. | If Ame | endment, I | Date o | of Origina | I Filed | I (Month/Da | ay/Year) |) | 6. Inc Line) X | | ed by One | e Repo | (Check App rting Persor One Repor | n |
| | | Та | ble I - Nor | n-Deriv | vativ | ve Se | ecuritie | s Ac | quired | , Dis | sposed o | of, or | Bene | ficially | Owned | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) 03/08/2023 | | | 2A. Deemed Execution Date, if any (Month/Day/Yea | | Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| Common Stock ⁽¹⁾ | | | | | | | | Code | v | Amount | () | A) or D) | Price | Transacti | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| | | | | | 23 | | | Α | | 326,7 | 29 | Α | \$0.00 | 502,816 | | D | | | |
| | | | Table II - | | | | | | | | osed of converti | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date if any (Month/Day/Yea | ate, T | Code (Inst | | | | 6. Date E Expiratic (Month/E | on Dat | | of Securities | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securitie Beneficia Owned Following Reported Transact | e Owner s Form: Illy Direct or India g (I) (Inst | Ownership | Beneficial Ownership (Instr. 4) |
| | | | | c | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | o N | mount r umber f Shares | | (Instr. 4) | 1011(3) | | |
| Employee Stock Option (right to buy) | \$9 | 03/08/2023 | | | Α | 272,727 | | | (2) | | 03/08/2033 | Comm Stoc | | 72,727 | \$0.00 | 272,727 | | D | |

Explanation of Responses:

1. Represents restricted stock units ("RSUs") which will vest 25% on the first anniversary of the vesting commencement date and quarterly thereafter over 12 quarters. The vesting commencement date was February 15, 2023. Each RSU represents a contingent right to receive one share of common stock of the Issuer and the RSUs have no expiration date.

2. The option vests 25% on the first anniversary of the vesting commencement date and quarterly thereafter over 12 quarters. The vesting commencement date was February 15, 2023.

Remarks:

/s/ Ryan Stahl, Attorney-in-Fact 03/10/2023

for Daniel Drees

** 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.