SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number:	3235-0287				
Estimated average bu	rden				
hours per response:	0.5				

1. Title of Security	(Instr. 3)		2. Transacti	ion	2A. Deemed	3.	4. Securities Acquired (A) or	5. Amount o	f	6. Ownership	7. Nature
		Table I - No	n-Derivat	ive S	ecurities Acq	uired, Dis	posed of, or Bene	ficially	Owned			
(City)	(State)	(Zip)										
									Form filed Person	Form filed by More than One Reporting Person		
(Street) CHARLOTTE	NC	28206						X	Form filed	by One	e Reporting Per	son
			[4. If A	mendment, Date of	Original Filed	l (Month/Day/Year)	6. Indiv Line)	vidual or Join	t/Group	Filing (Check	Applicable
1210 AVIDXCH	IANGE LAN	Ξ										
C/O AVIDXCH	ANGE HOLD	INGS, INC.		12/05	5/2022					See Re	emarks	
(Last)	Dot in no longer subject may continue. See ((b). STATE LINELITE OF CHARGES IN BELIET FORAL OVALUATION Interviewer and the investment Company Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Estimated average burdthours per response: Itel burst in the investment investment Company Act of 1940 S. Relationship of Reporting Person' AvidX change Holdings, Inc. [AVDX] S. Relationship of Reporting Person(s) to its (Check all applicable) Director 10% O X Officer (give title Other (below) CHANGE HOLDINGS, INC. S. Date of Earliest Transaction (Month/Day/Year) 12/05/2022 See Remarks TE NC 28206 (State) (Zip) 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check All Line) X Form filed by One Reporting Person Person											
					-		_			e title		Owner (specify
Gibson Ange	1 0	0.001		AvidXchange Holdings, Inc. [AVDX] (Check all appli							.,	
1 Name and Addres	es of Reporting I	Person [*]		2. Issu	uer Name and Tick	er or Trading	Symbol	5. Rela	ationship of R	eportin	g Person(s) to	Issuer
Instruction 1(b).							Ļ	hours per response:				
to Section 16. Fo	orm 4 or Form 5			. 01	UNANCE					1	-	den 0.5
Check this box if	no longer subject	STA	TEMEN.	t Of	- CHANGES	S IN REN	IFFICIAL OWN	FRS	HIP	OMB N	Number:	3235-0287

1. The of Security (insu. 3)	Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		Disposed Of (D) (Instr. 3, 4 and 5)				Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)
Common Stock	12/05/2022		G		3,000	D	\$0.00	32,277	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)	3A. Deemed Execution Date, if any (Month/Day/Year)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Remarks:

/s/ Ryan Stahl, Attorney-in-

Fact for Angelic Gibson

** Signature of Reporting Person Date

12/07/2022

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.