

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
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* <u>McLaughlin Steven J.</u> _____ (Last) (First) (Middle) 1521 ALTON RD., #345 _____ (Street) MIAMI BEACH FL 33139 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 08/03/2023	3. Issuer Name and Ticker or Trading Symbol <u>Expensify, Inc. [ EXFY ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)
		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Class A Common Stock	5,267,026	I	See Footnote <sup>(1)</sup>
Class A Common Stock	1,783,610	I	See Footnote <sup>(2)</sup>

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>McLaughlin Steven J.</u> _____ (Last) (First) (Middle) 1521 ALTON RD., #345 _____ (Street) MIAMI BEACH FL 33139 _____ (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Steven J. McLaughlin Revocable Trust</u> _____ (Last) (First) (Middle) 1521 ALTON RD. #345 _____ (Street) MIAMI BEACH FL 33139 _____ (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>EXP 2020 SPV LP</u>		
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