FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C. 2	20549

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OMB AP	PROVAL							
OMB Number:	3235-0287							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Schaffer Ryan				2. Issuer Name and Ticker or Trading Symbol Expensify, Inc. [EXFY]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O EXPENSIFY, INC. 401 SW 5TH AVE				3. Date of Earliest Transaction (Month/Day/Year) 08/28/2024								Officer (give title Other (specify below) below) Chief Financial Officer							
(Street) PORTLA (City)		State)	97204 (Zip)	un Dorive			,				d (Month/Da			Line)	Form Form Perso	filed by On filed by Mo on	e Rep	ng (Check A porting Pers an One Rep	son
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				tion 2A. Deemed Execution Date,		uired, Disposed of, or Benef 3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			ired (A)	A) or 5. Amo , 4 and Securit Benefic		ount of ties cially Following	Forn (D) c	wnership m: Direct or Indirect instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
Class A Common Stock			08/28/	2024				Code A ⁽¹⁾	v	Amount 12,745	(A) (D)	FI	се \$0	Transaction(s) (Instr. 3 and 4)			D	(111541. 4)	
	Common S		08/28/20					S ⁽²⁾		4,084 ⁽³⁾	D	_	2.2 ⁽⁴⁾				D		
		Ta	able II -								osed of, convertib				Owne	d			
Security or Ex (Instr. 3) Price Deriv	2. Conversio or Exercis Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exercion Da Day/Y		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ow Fo Dir or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficial Ownershi (Instr. 4)
					Code V (A) (D)		Date Expira				Amount or Number of itle Shares								

Explanation of Responses:

- 1. Shares awarded under the Expensify, Inc. 2021 Stock Purchase and Matching Plan ("SPMP").
- 2. Shares were sold solely to cover taxes for shares awarded under the SPMP.
- 3. Represents the Reporting Person's pro rata portion of the total shares sold on the transaction date to cover taxes for shares awarded under the SPMP for certain employees of the Issuer.
- 4. The price reported in Column 4 is a weighted average price of all shares sold on the transaction date by the Issuer's broker to cover taxes for shares awarded under the SPMP for certain employees of The price project in Committee and exclusive the Issuer. These shares were sold in multiple transactions at prices ranging from \$2.18 to \$2.26, inclusive. The Reporting Person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote.

Remarks:

/s/ Ryan Schaffer

08/30/2024

** 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.