FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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)

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* Vidal Daniel					2. Issuer Name and Ticker or Trading Symbol Expensify, Inc. [EXFY]									c all app Direc			rson(s) to Is		
(Last)	(Fi	rst) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/03/2024									Officer (give title below)			Other (: below)	specify
C/O EXPENSIFY, INC. 401 SW 5TH AVE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								ine)					
(Street)	otreet) PORTLAND OR 97204													Form filed by More than One Repo Person					
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In							uant to a			uction or writt	en pla	n that is inte	nded to	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,				s Acquired (A) o		4 and Secur Benef		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) o (D)	Pric	Trans		action(s) 3 and 4)			(mou. 4)
Class A Common Stock 06/03/2					2024	024			A		15,617(1)	A	\$	<mark>0</mark>	151,550			D	
Class A Common Stock 06/03			06/03/2	2024				S ⁽²⁾		4,895(3)	D	\$1	.5(4)	146,655			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)	ive Conversion Date y or Exercise (Month/Day/Year) Execution Date, if any		Code (8)	Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares		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)			

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 Issuer. These shares were sold in multiple transactions at prices ranging from \$1.43 to \$1.55, 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, as attorney-06/05/2024 in-fact ** 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.