FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL

OMB Number: 3235-0287

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>Vidal Daniel</u>				2. Issuer Name and Ticker or Trading Symbol Expensify, Inc. [ EXFY ]										ationship k all app Direc	,	ng Per	rson(s) to Is		
(Last)	(Fi	st) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 05/03/2024										Officer (give title below)			Other (specif below)	specify
C/O EXPENSIFY, INC. 401 SW 5TH AVE				4. If Amendment, Date of Original Filed (Month/Day/Year)							)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person							
(Street)	AND OF	R 9	97204			Person											ed by More than One Reporting		
(City)	(St	ate) (Z	ľip)			Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or E	Benefi	cially	/ Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				y/Year) if any		Deemed cution Date, y nth/Day/Year)					s Acquired (A) Of (D) (Instr. 3, 4		and Secur Benef Owne		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) (D)	or Pri	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class A Common Stock 05/03/2				2024				S <sup>(1)</sup>		15,000	D	\$1	1.62(2)		135,933		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)	rivative Conversion Date Execution Date curity or Exercise (Month/Day/Year) if any		tion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Der Sec (Ins	Price of rivative curity str. 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 Exercis	sable	Expiration Date	Title	Amour or Number of Shares	er					

## Explanation of Responses:

- 1. The transactions reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on September 14, 2022, as amended on December 15, 2023.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$1.59 to \$1.68, inclusive. The reporting person undertakes to provide to Expensify, Inc., any security holder of Expensify, Inc., 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 ranges set forth in this footnote.

## Remarks:

/s/ Ryan Schaffer, as attorneyin-fact \*\* Signature of Reporting Person

05/22/2024

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.