FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

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	OMB APPROVAL						
NERSHIP	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 defense conditions of Rule 10b5-1(c). See Instruction 10.

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

STATEMENT OF CHANGES IN BENEFICIAL OW

Name and Address of Reporting Person* Schaffer Ryan			2. Issuer Name and Ticker or Trading Symbol Expensify, Inc. [EXFY]					(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
(Last)	(Fii PENSIFY, I 5TH AVE	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 06/18/2024						-	Office below	er (give title	10% Owner Other (specify below) ncial Officer			
(Street) PORTLA	AND OF		7204 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year) 06/18/2024					6. Inc Line)							
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date			Execution Date,		3. 4. Securities Acquii Disposed Of (D) (In: 5)				Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
				Code V Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)						
Class A Common Stock 06/18/2			2024			S		1,131(1)	Г)	\$1.3(2)	143,504			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)	if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expirat	e Exercisable and tion Date h/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		S (I	8. Price of Derivative Security (Instr. 5) 8. Price of Derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. Represents the Reporting Person's pro rata portion of the total shares sold on the transaction date to cover taxes for shares granted as matched shares under the Expensify, Inc. 2021 Stock Purchase and Matching Plan ("SPMP") for certain employees of the Issuer. On June 18, 2024, the Reporting Person filed a Form 4 reporting the shares granted as matched shares but inadvertently excluded this related sale.

Exercisable

(D)

(A)

2. 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 granted as matched shares under the SPMP for certain employees of the Issuer. These shares were sold in multiple transactions at prices ranging from \$1.27 to \$1.32, 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

Amount or Number

Shares

Title

Expiration

Date

12/19/2024

** 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).

Code

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.