FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
Estimated average burden
hours per response: 0.5

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

1(c). Se	ee Instruction	10.																	
1	nd Address of David M	Reporting Person*							er or Tra		Symbol			(Che	eck all app	licable)	ng Pe	rson(s) to Is	
Burrott	Duvidin													1	/ Direc			10% O\	
(Last)	,	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year)								Officer (give title Delow) Officer (give title below) Officer (give title below)				specify		
C/O EXPENSIFY, INC.				08/0	08/05/2024 Chief Executive Officer														
401 SW 5TH AVE																			
(Ott)					4. If A	Amend	ment,	Date o	f Origina	I Filed	d (Month/Da	y/Year)	6. Ir		Joint/Grou	p Filir	ng (Check A	pplicable
(Street)	AND OI	2 9	7204											[/ / Form	filed by On	e Rep	oorting Pers	on
TORTE	IIID OI		7201												Form filed by More than One Reporting				orting
(City)	(St	ate) (Ž	Zip)												Perso	on			
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership							
								Code V		Amount	(A) (D)	or F	rice	Transa	action(s) 3 and 4)			(Instr. 4)	
Class A Common Stock 08/05/2			2024		D ⁽¹⁾		48,229	I)	\$ <mark>0</mark>	17	170,451		D					
Class A C	Class A Common Stock														3,2	13,031			See note ⁽²⁾
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)	ritle of 2. ivative Conversion Date Conversion Unit or Exercise (Month/Day/Year) If any		4. Transaction Code (Instr. 8)		of Deriv	r osed) r. 3, 4	6. Date Exercisa Expiration Date (Month/Day/Year		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Share	oer					

Explanation of Responses:

- 1. This transaction represents the surrendering of certain Matching Shares, as defined in the Issuer's 2021 Stock Purchase and Matching Plan ("SPMP"), to the Issuer to correct an inadvertent clerical error which resulted in the Reporting Person receiving an excess of SPMP Matching Shares for the purchase period ending June 15, 2024.
- 2. By Barrett Trust LLC, a manager-managed limited liability company. The investment and voting decisions of Barrett Trust LLC are made by its manager, the Reporting Person, and its controlling member is the Barrett Family Trust, for which the Reporting Person serves as trustee.

Remarks:

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

08/19/2024

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.