FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

vvasnington,	D.C.	20549	
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STATEMENT	OF CH	ANGES I	N BENE	FICIAL	OWNER	SHIP

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). 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* Adkins Katherine (Last) (First) (Middle) C/O AFFIRM HOLDINGS, INC. 650 CALIFORNIA STREET														neck all appli Direct V Office	ationship of Reporting k all applicable) Director Officer (give title		10% Ov	wner	
					3. Date of Earliest Transaction (Month/Day/Year) 09/01/2022									below	Chief Legal Officer				
(Street) SAN FRANCI	sco C	Α !	94108		4. If	Ame	endmer	nt, Date	of Origin	al File	d (Month	/Day/Yo	ear)	Lin	X Form	filed by One	e Rep	g (Check Ap orting Perso n One Repo	n
(City)	(St	tate)	(Zip)																
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			3. Trans	3. 4. Securitie Transaction Disposed (Code (Instr. 5)			Acquire	d (A) or	or 5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amou	nt	(A) or (D)	Price	Transad (Instr. 3	tion(s)			, ,
Class A Common Stock 09/01					/2022	2022		M		5,3	5,382 A		\$0	23,107			D		
Class A C	Class A Common Stock 09/01/2022 F 2,438 ⁽¹⁾ D \$23.16 20,669						D												
		Т	able II -												y Owned				
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, Transaction of Expirative Code (Instr. Derivative (Month/Day/Year) If any Code (Instr. Derivative Code (Instr. Code (Instr				Exerci on Da	sable and	7. T Am Sec Und	Title and count of curities derlying	J Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	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	Expiratio Date	n Titl	e	Amount or Number of Shares					
Restricted Stock Units	(2)	09/01/2022			М			166	(3)		(3)	Cor	ass A mmon tock	166	\$0	5,463		D	
Restricted Stock Units	(2)	09/01/2022			М			305	(4)		(4)	Cor	ass A mmon tock	305	\$0	12,193	7	D	
Restricted Stock Units	(2)	09/01/2022			M			4,911	(5)		(5)	Cor	ass A mmon tock	4,911	\$0	108,05	1	D	

Explanation of Responses:

- 1. Represents the number of shares of the Issuer's Common Stock withheld to satisfy the Reporting Person's tax obligation in connection with the settlement of shares of Common Stock underlying the Reporting Person's restricted stock units that vested on September 1, 2022.
- 2. Each Restricted Stock Unit (RSU) represents a contingent right to receive one share of the Issuer's Class A Common Stock.
- 3. The RSUs vest in 48 equal monthly installments after June 1, 2021, subject to the Reporting Person's continuous service with the Issuer as of each vesting date. This grant has no expiration date.
- 4. The RSUs vest in 48 equal monthly installments beginning February 1, 2022, subject to the Reporting Person's continuous service with the Issuer as of each vesting date. This grant has no expiration date.
- 5. The RSUs vest in 24 equal monthly installments beginning August 1, 2022, subject to the Reporting Person's continuous service with the Issuer as of each vesting date. This grant has no expiration date.

Remarks:

/s/ David Ritenour, Attorneyin-Fact ** Signature of Reporting Person

09/06/2022

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.