FORM 4

ITED STATES SECTIBITIES AND EYCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| NITED STATES SECUR | :5 | AND EXCHANGE COMMISSION |
|--------------------|----|-------------------------|
| | | D 0 00540 |

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |

0.5

hours per response

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

| 19 | 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 |

| 1. Name and Address of Reporting Person* Adkins Katherine | | | | 2. Issuer Name and Ticker or Trading Symbol Affirm Holdings, Inc. [AFRM] | | | | | | | c all applicable) Director Officer (give title | g Person(s) to Issuer 10% Owner Other (specify | | | |
|--|---------------------------------------|----------------|------------------------------------|--|--|---|---|----------------------------------|---------------|-------------------|--|---|---|--|--|
| (Last) C/O AFFIRM F 650 CALIFORN | · · · · · · · · · · · · · · · · · · · | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 09/01/2024 | | | | | | | Officer (give title Other (specify below) Chief Legal Officer | | | | |
| (Street) SAN FRANCISCO (City) | CA (State) | 94108 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indiv Line) | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| Date | | | 2. Transacti Date (Month/Day | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities A Disposed Of (| | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 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 09/01 | | | | 024 | | M | | 22,214 | Α | \$0 | 136,553 | D | | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

10.054(1)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deri Sec Acq (A) o Disp | ivative urities quired or posed D) (Instr. and 5) | 6. Date Exerc Expiration Da (Month/Day/\) | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 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) |
|---|---|--|---|------------------------------|---|---|---|---|--------------------|---|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Stock Units | (2) | 09/01/2024 | | M | | | 166 | (3) | (3) | Class A Common Stock | 166 | \$0 | 1,490 | D | |
| Restricted Stock Units | (2) | 09/01/2024 | | М | | | 305 | (4) | (4) | Class A Common Stock | 305 | \$0 | 4,879 | D | |
| Restricted Stock Units | (2) | 09/01/2024 | | М | | | 1,401 | (5) | (5) | Class A Common Stock | 1,401 | \$0 | 33,633 | D | |
| Restricted Stock Units | (2) | 09/01/2024 | | M | | | 20,342 | (6) | (6) | Class A Common Stock | 20,342 | \$0 | 61,028 | D | |

Explanation of Responses:

Class A Common Stock

- 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, 2024.
- 2. Each Restricted Stock Unit (RSU) represents a contingent right to receive one share of the Issuer's Class A Common Stock,

09/01/2024

- 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 48 equal monthly installments beginning October 1, 2022, subject to the Reporting Person's continuous service with the Issuer as of each vesting date. This grant has no expiration date.
- 6. The RSUs vest in 16 equal quarterly installments beginning September 1, 2024, subject to the Reporting Person's continuous service with the Issuer as of each vesting date. This grant has no expiration date.

Remarks:

/s/ Josh Samples, Attorney-in-

09/04/2024

** Signature of Reporting Person

Date

126,499

D

\$44.01

D

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.