FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT	OF	CHANGES	IN I	BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response: 0.									

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

Name and Address of Reporting Person* Vidal Daniel						2. Issuer Name and Ticker or Trading Symbol Expensify, Inc. [EXFY]								ck all app	,	ng Pers	son(s) to Is		
(Last)	(Fi	rst) (N	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 09/01/2023								Office below	r (give title		Other (s below)	specify		
C/O EXPENSIFY, INC. 401 SW 5TH AVE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person					
(Street)	(Street) PORTLAND OR 97204													Form filed by More than One Reporting Person					
(City)	(St		Ľip)		X	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.									nded to				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	, Dis	posed of	, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day			Execution Date,		Date,	3. 4. Securitie Transaction Code (Instr. 8) 5,		es Acquired (A) or Of (D) (Instr. 3, 4 a		A) or , 4 and	5. Amo Securit Benefic Owned Report	ies cially Following	Form: (D) or	orm: Direct D) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
										v	Amount (A)		or P			rice	Transa	ction(s) 3 and 4)	
Class A C	Common St	ock		09/01/2	2023				S ⁽¹⁾		5,000	D	\$	34.39 ⁽²⁾	9 ⁽²⁾ 89,232			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)	erivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Str.	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y D	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	or Num of Shar	.						

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 March 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 \$4.34 to \$4.44, 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 footnote (2) to this Form 4.

Remarks:

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

09/06/2023

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.