FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subject
$\Box$	to Section 16. Form 4 or Form 5
$\cup$	obligations may continue. See
	Instruction 1(b)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					1		. ,	_	VCStrici		. ,	_		_							
Name and Address of Reporting Person*     Liu Ying					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Expensify, Inc. [ EXFY ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Liu iiig						1 0								<b>⊣</b> '	V Direct	tor 10%		10% O	wner		
(Last)	(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/21/2023									Office below	er (give title v)		Other (s	specify		
C/O EXPENSIFY, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)								6 Ir	6. Individual or Joint/Group Filing (Check Applicable						
401 SW 5TH AVE.					4. II Amendment, Date of Original Filed (Month/Day/Teal)								Line	Line)							
,	1										X Form filed by One Reporting Person										
(Street)	(Street) PORTLAND OR 97204														Form filed by More than One Reporting Person						
	OKIEMO OK 37204				Rule 10b5-1(c) Transaction Indication																
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to																
							ons of Rule 1														
		Table	l - No	n-Deriva	tive S	ecur	ities A	cqı	uired,	Dis	posed of	f, or	Ben	eficia	lly Owr	ned					
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day				Execution Date,			,				ties Acquired (A) I Of (D) (Instr. 3, 4			d Securi Benefi Owned Follow	cially i ing	6. Own Form: I (D) or Indirec (Instr. 4	Direct t (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(	A) or D)	Price		ted action(s) 3 and 4)					
Class A Common Stock 06/21/20						2023			A		18,577	(1) A \$		\$0	38,696		I				
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)	vative Conversion Date Execution Date if any			tion Date,	4. Transaction Code (Instr. 8)		5. Number of Derivativ Securitie Acquired (A) or Dispose of (D) (Instr. 3, and 5)	ve es d	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		;   C S ()	Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Di or (I)	vnership vrm: rect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A) (D		Date Expiration of Share		nber										

## Explanation of Responses:

1. Reflects an award of restricted stock units ("RSUs") pursuant to the Non-Employee Director Compensation Program, which vest on the earlier of (i) the first anniversary of the grant date and (ii) immediately before the next annual meeting of Expensify, Inc. stockholders following the grant date. Each RSU represents a right to receive one share of Class A common stock.

## Remarks:

/s/ Ryan Schaffer, as attorney-06/23/2023 in-fact

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.