FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Cox Bryan Alden | | | | | | 2. Issuer Name and Ticker or Trading Symbol AVISTA CORP [AVA] | | | | | | | | | k all app Direc | licable) tor | • | g Person(s) to Issuer 10% Owner Other (specif | | |
|--|--|--|--|---|---|--|---|--|---|------|---|------------|-----------------------------------|---|---|-----------------------------|--|--|---|--|
| (Last) (First) (Middle) 1411 E MISSION AVENUE | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/24/2023 | | | | | | | | | X Officer (give title Other (specify below) Vice President | | | | | specify | |
| (Street) SPOKANE WA 99202 (City) (State) (Zip) | | | | | 4. If <i>F</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable ne) X 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 | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Exec if an | a. Deemed ecution Date, any onth/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | | 5. Amo Securit Benefic Owned | ties cially Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or P | rice | Transa | ction(s) 3 and 4) | | | (11150.4) | |
| Common Stock 02/24/2 | | | | | | 023 | | | S | | 2,542 | Ι |) (| \$41.3 | 4 | 4,698 | | D | | |
| Estimated Shares held in 401(k) | | | | | | | | | | | | | | | 5,578.84 | | | I | Shares held in 401(k) Plan | |
| 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) | | | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ow For Dir or (I) | 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 | er | | | | | | |

Explanation of Responses:

/s/Bryan A. Cox

02/27/2023

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).