FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| SIAILS SESSIVILES A | THE EXCLIMITE COMMISSION |
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| Machinatan | D.C. 20E40 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

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. 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* <u>Krasselt Ryan L</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>AVISTA CORP</u> [AVA] | | | | | | | (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|---|---|--|---|---------|--|--|--------|---|---|--|-----------------------|--|--|---|---|---|---|--|--|
| (Last) (First) (Middle) 1411 E MISSION AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/08/2025 | | | | | | | | Officer (give title below) Vice President Other (specify below) | | | | | |
| (Street) SPOKANI (City) | E WA | ite) (Z | 9202 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line | 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - Nor 1. Title of Security (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | | 2A Ex r) if a | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | d (A) or | 5. Amou Securitie Benefici Owned F | nt of es ally Following | Form: Dire (D) or Indi | 6. Ownership Form: Direct D) or Indirect I) (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock - Performance Shares (TSR) 01/08/ | | | | 2025 | | M | | 956 | A | (1) | 27,077 | | D | | | | | | |
| Common Stock - Performance Shares (TSR) 01/08/ | | | | 2025 | | | | F | | 290(2) | D | \$36.5 | 26,787 | | D | | | | |
| | | Та | | | | | | | | | osed of, convertib | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transa Code (8) | | ion of | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | te | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | Owi For Illy Dire or li (I) (I | nership m: ect (D) ndirect nstr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | Code V | | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Conversion of 2022 Performance | (1) | 01/08/2025 | | | M | | | 1,737 | (1) | | (1) | Common Stock | 1,737 | (1) | 0 | | D | | |

Explanation of Responses:

Shares (TSR)

- 1. No conversion price. Shares awarded if performance measure is met.
- 2. Shares withheld to pay income tax on Performance Shares acquired 1/8/25.

/s/Ryan L. Krasselt 01/13/2025

** Signature of Reporting Person 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.