FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |  |
|-------------|------|-------|--|
|-------------|------|-------|--|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Instruc  | tion 1(b).   |              |                 | Filed     |  |  |   |                           |                  |  | ities Exchang<br>ompany Act o |   | f 1934  |   |   | liouis  | perie                 | эропэс.  | 0.5                                     |
|--|--|--------------|-----------------|-----------|--|--|---|---------------------------|------------------|--|-------------------------------|---|---|---|---|---|-----------------------|--|---|
| 1. Name and Address of Reporting Person*  STANLEY HEIDI B    |  |              |                 |           |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol AVISTA CORP [ AVA ] |   |                           |                  |  |                               |   |   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner |   |   |                       |  |   |
| (Last) 1411 E N  | (Fii<br>MISSION A  | ,            | Middle)         |           |  | ate of E   |   | Tran                      | saction          | action (Month/Day/Year)  |                               |   |   |   |   | (give title   | Other (specify below) |  |   |
| (Street) SPOKAI (City)                                       |  |              | 9220-<br>Zip)   | 3727      | 4. If <i>i</i>   | 4. If Amendment, Date of Original Filed (Month/Day/Year)               |   |                           |                  |  |                               |   |   | ne)<br>X F<br>F   | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person |   |                       |  |   |
|  |  | Table        | I - No          | on-Deriva | tive S   | Secu   | rities  | Ac                        | quired           | d, Dis   | sposed of                     | , or B  | enefic  | ially O   | wne   | ed  |                       |  |   |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day |  |              | Execution Date, |           | 3. 4. Securities Ad<br>Transaction<br>Code (Instr.<br>8) |  | Acquir<br>(D) (Ins                            | ed (A) or<br>str. 3, 4 an | d 5)   So<br>B   | 5. Amount of<br>Securities<br>Beneficially<br>Owned Followin   |                               | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)                             |   |   |                       |  |   |
|  |  |              |                 |           |  |  |   | v                         | Amount           | (A) or<br>(D)  | Price                         | Tr  | ansac   | saction(s)<br>. 3 and 4)  |   |   | (111501. 4)           |  |   |
| Common   | Stock  |              |                 | 05/13/2   | 021  |  |   |                           | A <sup>(1)</sup> |  | 1,969 <sup>(2)</sup>          | A   | \$45.6  | 59 <sup>(1)</sup>   | 15,111  |   | D                     |  |   |
| Common   | Stock in S <sub>J</sub>  | pouse's Plan |                 |           |  |  |   |                           |                  |  |                               |   |   |   | 10,248 I Held   |   |                       |  | Shares<br>Held by<br>Trustee            |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |              |                 |           |  |  |   |                           |                  |  |                               |   |   |   |   |   |                       |  |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)          | Derivative   Conversion   Date   Execution Date   Security   or Exercise   (Month/Day/Year)   if any   |              |                 |           | 4.<br>Transaction<br>Code (Instr.<br>8)                  |  | of<br>Deriv<br>Secu<br>Acqu<br>(A) o<br>Dispo | r<br>osed<br>)<br>r. 3, 4 | Expira           | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                               | 7. Title<br>Amou<br>Secur<br>Under<br>Deriva<br>Secur<br>3 and    | nt of<br>ities<br>lying<br>ative<br>ity (Instr.<br>4) | 8. Price<br>Deriva<br>Securi<br>(Instr. !   | rivative<br>curity<br>str. 5)   | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y                     | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>t (Instr. 4) |
|  |  | Code         | v               | (A)       | (D)  | Date<br>Exerc  | isable  | Expiration<br>Date        | Title            | Amount<br>or<br>Number<br>of<br>Shares                         |                               |   |   |   |   |   |                       |  |   |

## **Explanation of Responses:**

- $1. \ Shares \ issued \ as \ an \ award \ of \ stock \ for \ Director \ Compensation. \ The \ price \ per \ share \ is \ the \ closing \ price \ on \ May \ 12, \ 2021.$
- 2. Shares issued as part of the Directors annual retainer.

/s/ Heidi B. Stanley 05/14/2021

\*\* Signature of Reporting Person

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.