FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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| ashington, | D.C. 2 | 20549 | |

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).

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* Hill Latisha Diane | | | | | 2. Issuer Name and Ticker or Trading Symbol AVISTA CORP [AVA] | | | | | | | | (Chec | k all app Direc | , | | rson(s) to Is 10% O | wner | | |
|--|---|--|---------------------------------|---------------------------------|---|---|-----|-----|--|---------------------------|--|--|--------------------------------------|---|--|--|--|--|------------|--|
| (Last) 1411 E. I | (Fir MISSION A | , | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2021 | | | | | | | | | ^ | X Office (give title String (specific below) Vice President | | | | | |
| (Street) SPOKA1 | | | 9202 Zip) | | 4. If <i>I</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Form Form | dual or Joint/Group Filing (Check Applicable 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 | | | | | | | | | | | | | | | | | | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquir Disposed Of (D) (Instr. 5) | | | | Securi Benefi Owned | urities Fo eficially (D) ned Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | | | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Pr | rice | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | |
| Common Stock 01/04/2 | | | | 2021 | 021 | | F | | 161(1) | D | \$ | 39.47 | 7 2,025 | | | D | | | | |
| Estimated Shares Held in 401(k) Plan | | | | | | | | | | | | 539.011 | | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, /Day/Year) | | Transaction of Code (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) 7. Title Amount Security Underly Derivati Security 3 and 4 | | | nt of ties ying tive ty (Ins | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 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 | | Amou or Numb of Share | er | | | | | | |

Explanation of Responses:

1. Shares sold to pay income tax on final 1/3 of 2018, second 1/3 of 2019 and first 1/3 of 2020 restricted shares that vested on January 4, 2021.

/s/ Latisha D Hill 01/06/2021

** 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.