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 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| Instructio | | 0. 000 | | File | | | | | | | es Exchan npany Act | | 934 | | llouis | per re- | sporise. | 0.5 |
|--|---|--|--------------------------------------|---|--|---|---|--------------------------------------|-------------------|--|------------------------|--|---|---|--|---|--|---------------------------------------|
| 1. Name and Address of Reporting Person* <u>Kinney Scott J</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol AVISTA CORP [AVA] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
| (Last) 1411 E MI | (Firs | , | (Middle) | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2023 | | | | | | | | Officer (give title below) Vice P | | Other (s below) ent | specify |
| (Street) SPOKANI | E WA | . 99 | 9202 | | 4. If <i>A</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (Sta | | ip) | | -4" - | | | - 4 | •• | <u> </u> | | | 6 | | • | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transa | ransaction 2A Ex nth/Day/Year) if a | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) or i Of (D) (Instr. 3, 4 and | | 5. Amou Securitie Benefici Owned I | 5. Amount of Securities Beneficially Owned Following Reported | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac | action(s) 3 and 4) | | | |
| Common Stock - Performance Shares (TSR) | | | 01/10 | 0/2023 | | | | M | | 395 | A | (1) | 5,631 | | | D | | |
| Common Stock - Performance Shares (TSR) 01/ | | | 01/10 | /2023 | | | F | | 120(2) | D | \$42.2 | 6 5, | 5,511 | | D | | | |
| | | Та | | | | | | | | | osed of, onvertil | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | ansaction 3A. Deemed Execution Date, | | | 4. Transaction Code (Instr. 8) | | 5. Number 6 | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Conversion of 2020 Performance | (1) | 01/10/2023 | | | M | | | 351 | (1) | | (1) | Common | 351 | (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 1/10/23.

/s/Scott J. Kinney

Stock

01/12/2023

Date

** 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.