

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF
SECURITIES**

OMB APPROVAL	
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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>Impactive Capital LP</u> <hr/> (Last) (First) (Middle) 152 WEST 57TH STREET, 17TH FLOOR <hr/> (Street) NEW YORK NY 10019 CITY <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/05/2020	3. Issuer Name and Ticker or Trading Symbol <u>AVID TECHNOLOGY, INC.</u> [AVID]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock ⁽¹⁾	4,316,029	D ⁽²⁾	

**Table II - Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Impactive Capital LP</u> <hr/> (Last) (First) (Middle) 152 WEST 57TH STREET, 17TH FLOOR <hr/> (Street) NEW YORK NY 10019 CITY <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>Impactive Capital GP LLC</u> <hr/> (Last) (First) (Middle) 152 WEST 57TH STREET, 17TH FLOOR <hr/> (Street) NEW YORK NY 10019 CITY <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person*

Impactive Capital LLC

(Last) (First) (Middle)

152 WEST 57TH, 17TH FLOOR

(Street)

NEW YORK NY 10019
CITY

(City) (State) (Zip)

1. Name and Address of Reporting Person*

Wolfe Lauren Taylor

(Last) (First) (Middle)

152 WEST 57TH, 17TH FLOOR
SUITE 1700

(Street)

NEW YORK NY 10019
CITY

(City) (State) (Zip)

Explanation of Responses:

1. This Form 3 is filed jointly by Impactive Capital GP LLC ("Impactive GP"), Impactive Capital LP ("Impactive Capital"), Impactive Capital LLC ("Impactive Capital GP") and Lauren Taylor Wolfe (collectively, the Reporting Persons"), each of whom, together with Christian Asmar, is a member of a Section 13(d) group that collectively owns more than 10% of the Issuer's outstanding shares of Common Stock. Each of the Reporting Persons disclaims beneficial ownership of the securities reported herein except to the extent of her or its pecuniary interest therein.

2. Securities of the Issuer beneficially owned by Impactive GP and Impactive Capital. As the general partner of Impactive Capital, Impactive Capital GP may be deemed to beneficially own the securities of the Issuer beneficially owned by Impactive Capital. As managing members of each of Impactive GP and Impactive Capital GP, each of Ms. Taylor Wolfe and Mr. Asmar may be deemed to beneficially own the securities of the Issuer beneficially owned by Impactive GP and Impactive Capital GP.

<u>IMPACTIVE CAPITAL LP, By: Impactive Capital LLC, its general partner,</u>	<u>05/07/2020</u>
<u>By: /s/ Lauren Taylor Wolfe, Managing Member</u>	
<u>IMPACTIVE CAPITAL GP LLC, By: /s/ Lauren Taylor Wolfe, Managing Member</u>	<u>05/07/2020</u>
<u>IMPACTIVE CAPITAL LLC, By: /s/ Lauren Taylor Wolfe, Managing Member</u>	<u>05/07/2020</u>
<u>/s/ Lauren Taylor Wolfe</u>	<u>05/07/2020</u>
** 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 5 (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.