FORM 4

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:	0.5							

_	Check this box if no longer subject to Section
-1	16. Form 4 or Form 5 obligations may continue.
$\overline{}$	Con Instruction 1(h)

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* <u>Victoria Mariesa</u>					2. Issuer Name and Ticker or Trading Symbol AVID TECHNOLOGY, INC. [AVID]								(Check a	Officer (give title			10% Ow	
(Last) 75 BLUE SKY DRIV	(First) (Middle) SKY DRIVE				Date of Earliest Transaction (Month/Day/Year) 07/11/2023							x	X Officer (give title below) Other (specify below) VP & Chief Accounting Officer					
(Street) BURLINGTON MA 01803				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individ	Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(State)	(Zip	0)	— [R	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								nse conditions					
			Table I - No	on-Der	ivative	Securit	ties Acq	uired, l	Disp	osed of	, or Be	eneficiall	y Owned					
D			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any		3. Transaction Code (Instr. 8) 4. Securities Acquire (D) (Instr. 3, 4 and 5)			quired (A) or Disposed Of nd 5)		5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or		7. Nature of Indirect Beneficial		
				(Month/Day/Year)		Code	v	Amount (A) or (D) Pri		Price	Transaction(s) (Instr. 3 and 4)		11		Ownership (Instr. 4)			
Common Stock				07/1	1/2023	72023 F 762 ⁽¹⁾ D \$27.44 11,387		7		D								
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)	3A. Deemed Execution Date, if any (Month/Day/Year)		Transaction de (Instr. 8) 5. Number of Derivative Securities A (A) or Dispo (D) (Instr. 3, 5)		Acquired posed of	equired (Month/Day/Ye			Underlying Derivative S					ve es ially ng	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title		Amount or Number of Shares		Reported Transaction(s) (Instr. 4)			

Explanation of Responses:

1. Represents shares withheld by the Issuer to satisfy tax withholding obligation upon the vesting on July 11, 2023 of 33.32% restricted stock units awarded on July 11, 2022. This award includes a provision requiring the withholding of shares by the Issuer to pay the required withholding taxes due on the vesting date.

Remarks:

/s/ Jacob Adams as Attorney-in-Fact for 07/13/2023 Mariesa Victoria

** 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.

LIMITED POWER OF ATTORNEY FOR SECTION 16 REPORTING OBLIGATIONS

Know all by these presents, that the undersigned hereby makes, constitutes and appoints each of Alessandra Melloni, Jacob Adams and John LaMountain signing singly and each acting individually, as the undersigned's true and lawful attorney-in-fact with full power and authority as hereinafter described to:

- (1) execute for and on behalf of the undersigned, in the undersigned's capacity as an officer and/or director of Avid Technology, Inc. (the "Company"), Forms 3, 4, and 5 (including any amendments thereto) in accordance with Section 16(a) of the Securities Exchange Act of 1934 and the rules thereunder (the "Exchange Act");
- (2) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to prepare, complete and execute any such Form 3, 4, or 5, prepare, complete and execute any amendment or amendments thereto, and timely deliver and file such form with the United States Securities and Exchange Commission and any stock exchange or similar authority;
- (3) seek or obtain, as the undersigned's representative and on the undersigned's behalf, information regarding transactions in the Company's securities from any third party, including brokers, employee benefit plan administrators and trustees, and the undersigned hereby authorizes any such person to release any such information to such attorney-in-fact and approves and ratifies any such release of information; and
- (4) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Power of Attorney shall be in such form and shall contain such terms and conditions as such attorney-in-fact may approve in such attorney-in-fact's discretion.

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever requisite, necessary, or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming nor relieving, nor is the Company assuming nor relieving, any of the undersigned's responsibilities to comply with Section 16 of the Exchange Act. The undersigned acknowledges that neither the Company nor the foregoing attorneys-in-fact assume (i) any liability for the undersigned or any failure to comply with such requirements of the Exchange Act, (ii) any liability of the undersigned for any failure to comply with such requirements, or (iii) any obligation or liability of the undersigned for profit disgorgement under Section 16(b) of the Exchange Act.

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect to the undersigned's holdings of and transactions in securities issued by the Company, unless earlier revoked by the undersigned in a signed writing delivered to the foregoing attorneys-in-fact.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 29 day of June, 2022.

Mariesa Victoria

On this 24 day of June, 2022, before me, the undersigned notary public, personally appeared Mariesa Victoria, who proved to me through satisfactory evidence of identification, which was personally known to me, to be the person whose name is signed on the preceding or document in my presence.

S I

MARY FRANCES LYONS
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires On
November 13, 2026

My Sterres Type

My Commission Expires: Neveraber 13, 2006

