(City)

(State)

1. Name and Address of Reporting Person\* **Impactive Capital GP LLC** 

(Zip)

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

See Footnote<sup>(2)</sup>

See Footnote<sup>(2)</sup>

11. Nature of Indirect Beneficial

Ownership (Instr. 4)

IIIStruc	Juon I(D).			Filed								Company Act o		1934		<u> </u>			
1. Name and Address of Reporting Person* <u>Asmar Christian</u>					2. Issuer Name and Ticker or Trading Symbol AVID TECHNOLOGY, INC. [ AVID ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner					
(Last) (First) (Middle) 152 WEST 57TH STREET, 17TH FLOOR				3. Date of Earliest Transaction (Month/Day/Year) 07/09/2020									Officer (give title Other (specify below) below)						
(Street) NEW YORK CITY NY 10019				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(S	tate) (	Zip)																
		Table	1 - N	lon-Deriva	ative	Sec	uri	ties	Acq	uire	d, D	isposed of			ially Owr	ned			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				Execution [		n Date,		3. Transaction Code (Instr. 8)			Acquired (A) or (D) (Instr. 3, 4 and		Beneficially Owned Followi Reported		Form (D) or	mership : Direct · Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									C	Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	and 4)			
Common	Stock <sup>(1)</sup>			07/09/20	20				_	P		103,711	A	\$6.928	289 6,877,402		7,402 I		See Footnote
Common	Stock <sup>(1)</sup>			07/10/20	20					P		4,391	A	\$6.960	662 6,881,793		.881,793		See Footnote
Common	Stock <sup>(1)</sup>														25	,341	]	D <sup>(3)</sup>	
		Та	ble II									posed of, , convertib				ed			
1. Title of Derivative Conversion Security (Instr. 3)  2. Conversion Date (Month/Day/Year) Price of Derivative Security  3. Transaction Date Execution Date (Month/Day/Year) (Month/Day/Year)		cution Date, y	Transaction Code (Instr. 8)		r. i	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year		Date	7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)		8. Price of Derivative Security (Instr. 5)		ve es ally ng d tion(s)	10. Owners Form: Direct (I or Indire (I) (Instr	Benefic Owners ect (Instr. 4		
					Code	e V		(A)	(D)	Date Exer	cisabl	Expiration e Date	Title	Amount or Number of Shares					
	nd Address o Christiar	f Reporting Person <sup>*</sup> <u>1</u>	r																
(Last) 152 WE	ST 57TH S	(First) TREET, 17TH F		Middle)															
(Street) NEW YO	ORK	NY	1	10019															
(City)		(State)	(	Zip)															
	nd Address o ive Capit	f Reporting Person <sup>*</sup> al LP	*																
(Last) 152 WE	ST 57TH S	(First) TREET, 17TH F		Middle)															
(Street) NEW YOU	ORK	NY	1	10019															

(Last)	(First)	(Middle)					
152 WEST 57TH STREET, 17TH FLOOR							
(Street) NEW YORK							
CITY	NY	10019					
(City)	(State)	(Zip)					
1. Name and Address	s of Reporting Person*						
Impactive Capital LLC							
(Last)	(First)	(Middle)					
152 WEST 57TH, 17TH FLOOR							
(Ctt)							
(Street) NEW YORK CITY	NY	10019					
(City)	(State)	(Zip)					
1. Name and Addres	s of Reporting Person*						
Wolfe Lauren	<u>Taylor</u>						
(Last)	(First)	(Middle)					
152 WEST 57TH	I, 17TH FLOOR						
(Street)							
NEW YORK CITY	NY	10019					
(City)	(State)	(Zip)					

## **Explanation of Responses:**

- 1. This Form 4 is filed jointly by Impactive Capital GP LLC ("Impactive GP"), Impactive Capital LLC ("Impactive Capital LLC ("Impactive Capital LLC ("Impactive Capital Christian Asmar (collectively, the "Reporting Persons"). Each of the Reporting Persons 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 his, 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.
- 3. Securities of the Issuer directly beneficially owned by Mr. Asmar, including 16,381 shares of Common Stock underlying certain RSUs, which will vest in full on the earlier of the date of the Issuer's 2021 Annual Meeting of Stockholders or April 30, 2021.

/s/ Christian Asmar	07/13/2020
IMPACTIVE CAPTIAL LP,	
By: Impactive Capital LLC,	
its general partner, By: /s/	07/13/2020
<u>Lauren Taylor Wolfe</u> ,	
<u>Managing Member</u>	
IMPACTIVE CAPITAL GP	
LLC, By: /s/ Lauren Taylor	07/13/2020
Wolfe, Managing Member	
IMPACTIVE CAPITAL LLC,	
By: /s/ Lauren Taylor Wolfe,	07/13/2020
Managing Member	
/s/ Lauren Taylor Wolfe	07/13/2020
** 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.