FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL										
OMB Number:	3235-0287									
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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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

					T									T					
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Sparks Teresa					InnovAge Holding Corp. [INNV]							Ι, —	Director			10% O	wner		
					Date of Earliest Transaction (Month/Day/Year)							┨ ̄	Office	er (give title		Other (specify		
(Last)		$\frac{3}{20}$		ransa	action (iv	/iOntn/	Day/ (ear)				belov	v)		below)					
8950 E. LOWRY BOULEVARD					"														
					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Inc	6. Individual or Joint/Group Filing (Check Applicable						
(Street)						Line)									a (
DENVE	R CO	8	0230											V	Form filed by One Reporting Person				
															Form filed by More than One Reporting Person				
(City)	(St	ate) (Ž	Zip)												1 0130	211			
(Oity)	(0)																		
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	3ene	ficiall	y Own	ed			
1. Title of	Security (Ins	tr. 3)		2. Transac	tion					A) or	5. Amo				7. Nature of Indirect Beneficial				
				Date (Month/Da				Transaction Disposed Of (D) (Instr. 3, Code (Instr. 5)			8, 4 and	Securit Benefic	cially	Form: Direct (D) or Indirect					
					(Month/Day/Year)		8)			Owned Report				Ownership (Instr. 4)					
					Code V Amount (A) or P		Price	Transa	ction(s) 3 and 4)			(
						╁			(1)		46.440	_		•	+	•	-	_	
Common Stock, \$0.001 par value 09/03/2									A ⁽¹⁾		16,448	I	4	\$ <mark>0</mark>	33	3,810		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
											onvertib								
1. Title of	2.	3. Transaction	3A. Dee	med	4.		5. Nu	ımber	6. Date	Exerc	isable and	7. Titl	le and	8.	Price of	9. Number	of	10.	11. Nature
Derivative Security	Conversion or Exercise	Date (Month/Day/Year)		on Date,	Transa				Expiration Date Amount (Month/Day/Year) Securitie					erivative	derivative Securities		Ownership Form:	of Indirect Beneficial	
(Instr. 3)	r. 3) Price of (Month/Day/Year)				Code (Instr. 8)		Securities		Underly			rlying		str. 5)	Beneficially		Direct (D)	Ownership	
	Derivative Security							Acquired (A) or					Derivative Security (Instr.			Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)
			l			Ďi		Disposed of (D)					3 and 4) `			Reported Transaction(s)		' '	
							(Instr. 3, 4 and 5)									(Instr. 4)	(0,	(-,	
					Code V		and :	,				 		_					
							(A) (D)					Amo or							
									Date		Expiration		Num	ber					
			l						Exercisable		Date	Title Shar		es					

Explanation of Responses:

1. Represents Restricted Stock Units ("RSUs") which will be settled in shares of common stock of the Issuer and will vest in full on August 14, 2025, subject to the Reporting Person's continued service with the Issuer.

Remarks:

/s/ Nicole D'Amato, by Power of Attorney

** Signature of Reporting Person Date

09/03/2024

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.