SEC Form 4	
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

O	MB AP	PRO	/AL	

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

Section	his box if no lor 16. Form 4 or F ons may continu on 1(b).	Form 5	STA		ed purs	uant	to Section	16(a) of the Sect Investment	uriti	es Exchan	ige Ac	t of 19		HIP	Estim	Numbe ated av	erage burde	3235-0287 en 0.5
1. Name and Address of Reporting Person [*] Growe Christopher					2. Issuer Name and Ticker or Trading Symbol Advantage Solutions Inc. [ADV]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) ADVANT	(Fir TAGE SOLU	st) (JTIONS INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/12/2023						X	X Officer (give title below) Chief Financial Officer				specify		
15310 BARRANCA PARKWAY, SUITE 100				4. lf.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) IRVINE	CA	<u>د</u> ۹	92618											X		-		rting Perso One Repo	
(City)	(Sta	ate) ((Zip)		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.														
		Tab	le I - No	n-Deriv	/ative	Se	curities	Ac	quired, D	isp	posed o	f, or	Ben	eficially	Owned				
1. Title of Security (Instr. 3) 2. Trans. Date (Month/L					Execution Date,			Transaction D Code (Instr. 5)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount		(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)				(1150.4)
Class A Co	ommon Sto	ck		06/12	2/2023				Α		65,116	5 ⁽¹⁾	Α	\$ <mark>0</mark>	50 115,116 D				
		٢							uired, Dis , options						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) if a	Execution if any	3A. Deemed Execution Date, if any (Month/Day/Year)		I. 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ve es d (A) sed str.	6. Date Exercisable Expiration Date (Month/Day/Year)		e	of Securities		s Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Beneficia Owned Followin Reported Transact	re es ally g	10. Ownershi Form: Direct (D) or Indirec: (I) (Instr. 4	Beneficial Ownershi t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)			
Performance Restricted	(2)	06/12/2023			А		195,348		(2)	Τ	(2)	Clas Com		195,348	\$ <mark>0</mark>	195,3	48	D	

Explanation of Responses:

Stock Units

1. Represents an award of restricted stock units (RSUs) that is a contingent right to receive Class A Common Stock upon vesting. The RSUs are scheduled to vest in equal installments on each of the first, second and third anniversaries of the grant date.

2. Represents an award of performance restricted stock units (PSUs) that is a contingent right to receive Class A Common Stock upon vesting. Subject to the achievement of certain performance conditions based on Adjusted EBITDA and Revenue over the performance period designated in the award, the PSUs are scheduled to vest over a three-year period and may vest from 0% to 150% of the target number of PSUs reported on this Form 4.

> /s/ Bryce Robinson, Attorneyin-Fact

06/14/2023

Date

** Signature of Reporting Person

Stock

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.