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 b									
hours per response:	nuidell 0 E								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b)

1. Name and Address of Reporting Person* <u>AVEDON MARCIA J</u>				2.1 <u>A</u> (2. Issuer Name and Ticker or Trading Symbol ACUITY BRANDS INC [AYI]							(Ch	elationship eck all appli X Direct	cable)	g Pers	on(s) to Issu		
(Last)	`	•	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 01/24/2024							Office below	(give title		Other (spelow)	pecify	
C/O ACUITY BRANDS, INC. 1170 PEACHTREE STREET, NE, SUITE 1200				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) ATLANTA GA 30309			_									Form filed by More than One Reporting Person						
(City)	(S	ate)	(Zip)		- Ri	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Ins						nt to a contr e Instructio	act, instruction 10.	on or written	plan tha	at is intended	to	
			le I - Nor			_			quired, D	isp				_			1-	
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.				Execution Date		n Date	Transact Code (In:	Transaction Disposed Code (Instr. 5)		ties Acquired (A) or d Of (D) (Instr. 3, 4 an			es ally Following	Form (D) or	rm: Direct corn lndirect E (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
							Code	,	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)					
		-							uired, Dis , options					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Date,	4. Transa Code (l 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		Own S For Our Or (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
Code V (A) (D) Exercisable Expira						expiration late	Title	Amount or Number of Shares										
Deferred Restricted Stock Units	(1)	01/24/2024			Α		681 ⁽²⁾		01/24/2025 ⁽²⁾		(2)	Common Stock	681	\$0 ⁽³⁾	681		D	

Explanation of Responses:

- 1 1-for-1
- 2. Deferred Restricted Stock Units (DSUs) issued pursuant to the Issuer's Amended and Restated 2012 Omnibus Stock Incentive Compensation Plan. The DSUs resulted from the Reporting Person's election to receive a portion of annual director fees in the form of a DSU. The DSUs will vest in full on the first anniversary of the grant date, or, if earlier, the date of the next subsequent annual meeting of the Issuer's stockholders following the grant date. Once vested, DSUs will be payable upon retirement in either lump sum or five annual installments.
- 3. The number of DSUs received was calculated based on \$227.87, which was the average of the high and low sales prices of a share of the Issuer's common stock on the five trading dates immediately preceding the date of grant

Remarks:

/s/ Chanda Kirchner, under Power of Attorney for Marcia J. 01/26/2024 Avedon

** 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.