Instruction 1(b).

FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

	•
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
the state of the s	

OMB APPROVAL 3235-0287 Estimated average burden

10% Owner

below)

Other (specify

7. Nature of Indirect Beneficial

Ownership (Instr.

See footnote<sup>(1)</sup>

See footnote(1)

11. Nature

Beneficial

Ownership (Instr. 4)

(2)(3)(4)

(2)(3)(4)

10. Ownership

Direct (D) or Indirect (I) (Instr. 4)

Form:

0.5

hours per response:

5. Relationship of Reporting Person(s) to Issuer

6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person Form filed by More than One Reporting

6. Ownership Form: Direct

(D) or

9. Number of

Securities

Beneficially Owned

Following Reported Transaction(s)

(Instr. 4)

Indirect (I) (Instr. 4)

(Check all applicable)

Officer (give title

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

1. Name and Address of Reporting Person*  GOLDMAN SACHS GROUP INC			2. Issuer Name <b>and</b> Ticker or Trading Symbol Flywire Corp [ FLYW ]										5. Relationship of (Check all applica X Director				
(Last) (First) (Middle) 200 WEST STREET					3. Date of Earliest Transaction (Month/Day/Year) 06/06/2022										Office below		
(Street) NEW YORK NY 10282				4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Jo Line)  Form file  X Form file Person		
(City)	(51	, ,		tivo 9	Socii	ritios	: Aca	uirec	l Die	noso	d of	or F	Ronofi	cially	Own		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Trans	action (Instr.	5)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			
*** 6	<u> </u>		0.6/0.6/2022					<u> </u>	Amount		(D)	+	(		(Instr. 3 and 4)		
	ommon Sto		06/06/2022				S	$\vdash$	41,300 E			'	19.23		1,846,300		
voung Co	ommon Sto		06/07/2022				S				D		19.38				
		Tal	ole II - Derivati e.g., pu)												Owne	d	
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)	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Disp of (D	r osed ) r. 3, 4	Expiration Date (Month/Day/Year) Amo Secu Unde Deriv			rlying ative rity (Inst	Der Sec (Ins	rice of ivative urity tr. 5)	9. de Se Be Ov Fo Re Tra (In			
				Code	v	(A)	(D)	Date Exerc	isable	Expira Date	ation	Title	Amour or Number of Shares	er			
		Reporting Person*	P INC														
(Last) 200 WES	ST STREE	(First)	(Middle)		-												
(Street) NEW YO	ORK	NY	10282		_												
(City)		(State)	(Zip)														
		Reporting Person*	<u>LLC</u>														
(Last) 200 WES	ST STREET	(First)	(Middle)		-												
(Street) NEW YO	ORK	NY	10282														
(City)		(State)	(Zip)														
		Reporting Person* PSI Global H	oldings, LLC	2													
(Last) 200 WES	ST STREET	(First)	(Middle)														

(Street) NEW YORK	NY	10282					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person* StoneBridge 2020, L.P.							
(Last) 200 WEST STRE	(First) (Middle) Γ STREET						
(Street) NEW YORK	NY	10282-2198					
(City)	(State)	(Zip)					
1. Name and Address Stonebridge 20 (Last) 200 WEST STRE	O20 Offsho (First)	re Holdings II, L.P.  (Middle)					
(Street) NEW YORK	NY	10282					
(City)	(State)	(Zip)					
1. Name and Address of Reporting Person*  Bridge Street Opportunity Advisors, L.L.C.							
(Last) 200 WEST STRE	(First) ET	(Middle)					
(Street) NEW YORK	NY	10282					
(City)	(State)	(Zip)					

## Explanation of Responses:

- 1. This statement is being filed by The Goldman Sachs Group, Inc. ("GS Group"), Goldman Sachs & Co. LLC ("Goldman Sachs"), Goldman Sachs PSI Global Holdings, LLC ("GSPSI"), StoneBridge 2020, L.P. ("SB Fund"), StoneBridge 2020 Offshore Holdings II, L.P. ("SB Fund Offshore" and, together with SB Fund, the "SB Funds") and Bridge Street Opportunity Advisors, L.L.C. ("Bridge Street"). Ms. Jo Natauri serves as a member of the Board of Directors of the Issuer and is an employee of GS Group. Each of GS Group, Goldman Sachs, GSPSI, the SB Funds and Bridge Street is a director by deputization of the Issuer for purposes of Section 16 of the Securities Exchange Act of 1934, as amended. Each Reporting Person disclaims beneficial ownership of the securities reported herein except to the extent of its pecuniary interest therein, if any. (Continued in Footnote 2 below)
- 2. (Continued from Footnote 1 above). This report shall not be deemed an admission that any of the Reporting Persons are a member of a group or the beneficial owner of any securities not directly owned by the Reporting Person.
- 3. Goldman Sachs is a subsidiary of GS Group. Goldman Sachs is the investment manager of the SB Funds, and Bridge Street is the general partner of the SB Funds. Each of Bridge Street and GSPSI is wholly owned by GS Group.
- 4. Because of the relationships among GS Group, Goldman Sachs, Bridge Street, the SB Funds and GSPSI, each of GS Group and Goldman Sachs may be deemed a beneficial owner of the shares of Voting Common Stock held by GSPSI and the SB Funds, and Bridge Street may be deemed a beneficial owner of the shares of Voting Common Stock held by the SB Funds.

## Remarks:

/s/ Crystal Orgill, Attorney-in-fact
\*\* 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.