FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
houre per reenonee:	0.5						

_	Check this box if no longer subject to Section 16.
- 1	Form 4 or Form 5 obligations may continue. See
$\overline{}$	Instruction 1(h)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Name and Address of Reporting Person*     Katzman Jordan M.					2. Issuer Name and Ticker or Trading Symbol SmileDirectClub, Inc. [ SDC ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)    X   Director   X   10% Owner					
					3. Date of Earliest Transaction (Month/Day/Year) 09/16/2020									Officer (give	itle below	<i>ı</i> )	Other (s	pecify below)	
(Street) NASHVILLE (City)	TN (State)	37. (Zip	219		I If Amendr	ment, Date	of Origina	Filed (Me	onth/D	ay/Year)			- 1	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Da la			Date	te Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) or Dispos				isposed Of	Beneficially Own		Direct	t (D) or	7. Nature of Indirect				
				(Mon	(Month/Day/Year) Transa				Following Repo Transaction(s) ( and 4)			et (Í) (Instr. 4)	Beneficial Ownership (Instr. 4)						
Class A Common Stoc	k			09	/16/2020			F		4,14	15(1)	D	\$11.93	39,333		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any (Month/Day/Year)	4. Trans Code (Ir	nstr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisab Expiration Date (Month/Day/Year)		•	Underlying Derivative Se			8. Price of Derivative Security (Instr. 5)	9. Numl derivati Securiti Benefic Owned Followi	ive ies cially	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect t Beneficial Ownership (Instr. 4)	
	Gecurity			Code	v	Date Exercisa		Expiration Nu			Amount or Number of Shares		Reported Transaction(s) (Instr. 4)		' ' '				

## **Explanation of Responses:**

1. Shares withheld by the Issuer on vesting of restricted stock to cover applicable withholding taxes, with the number of shares withheld based on the 9/15/20 closing price.

## Remarks:

/s/ Susan Greenspon Rammelt as Attorney-in-Fact

01/19/2021

\*\* 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.

POWER OF ATTORNEY

With respect to holdings of and transactions in securities issued by SmileDirectClub, Inc. (the "Company"), the undersigned hereby constitutes

1. prepare, execute in the undersigned's name and on the undersigned's behalf, and submit to the United States Securities and Exchange Commiss:

2. execute for and on behalf of the undersigned, Forms 3, 4, and 5 in accordance with Section 16 of the Securities Exchange Act of 1934, as am

3. do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Fq

4. take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of ben

The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsoever:

The undersigned acknowledges that the attorneys-in-fact, in serving in such capacity at the request of the undersigned, are not assuming, nor:

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with respect

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 4th day of June, 2020.

[Signature Page to Follow]

\_\_\_\_\_

Signature: /s/ Jordan Katzman Print Name: Jordan Katzman

[Signature Page to POA]

Schedule A
Individuals Appointed as Attorney-in-Fact with Full Power of Substitution and Resubstitution
Susan Greenspon Rammelt
Mehgan Peetz
Eric Greer
Sarah Gabriel