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 reconnect	0.5						

	Check this box if no longer subject to Section 16.										
	Form 4 or Form 5 obligations may continue. See										
$\overline{}$	I										

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

Name and Address of Re     Wailes Kyle	eporting Perso	on*			. Issuer Na SmileDi				bol					onship of Reporti			10% Ow		
(Last) C/O SMILEDIRECTO 414 UNION STREET	C/O SMILEDIRECTCLUB, INC.				3. Date of Earliest Transaction (Month/Day/Year) 08/31/2020								_ ^	X Officer (give title below) Other (specify below)  Chief Financial Officer					
(Street) NASHVILLE (City)	TN (State)	37 (Zij	219	4	If Amendment, Date of Original Filed (Month/Day/Year)														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
		Date	Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8) 4. Secur		rities Acquired (A) or Dispos tr. 3, 4 and 5)		sposed Of	5. Amount of Securitie Beneficially Owned Following Reported Transaction(s) (Instr. 3		Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial			
						(WOTH)	Dayrical	Code	٧	Amount		(A) or (D)	Price	and 4)	1150. 5		Ownersh (Instr. 4)		
Class A Common Stock	k			08/	31/2020			P		20,0	000	A	<b>\$</b> 7.69	20,000		I Waile		By The Wailes Living Trust	
Class A Common Stock	k													479,247	(1)		D		
			Table I		vative S ., puts, o							eficially C rities)	wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	(Month/Day/Year) if any	Execution Date,		Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Yea		Underly		of Securities e Security (Ins	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securitie Benefici Owned	ve es ially	Ownership Form: Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	v	(A)			Expiration Date	ation Title		Amount or Number of Shares		Reporte	eported ransaction(s)	(Instr. 4)			

## Explanation of Responses:

The total number of shares of the Issuer's Class A common stock reported herein includes RSUs which were previously reported on Table II of that certain Form 4 filed by the reporting person on September 17, 2019. Further settlements of such RSUs will not be reported on further Forms 4.

## Remarks:

/s/ Sarah Gabriel as attorney-in-fact

09/02/2020

\*\* 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 Fi

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 ber

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/ Kyle Wailes Print Name: Kyle Wailes

[Signature Page to POA]

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