

OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 * <u>CLEARLAKE CAPITAL GROUP, L.P.</u> _____ (Last) (First) (Middle) 233 WILSHIRE BOULEVARD, SUITE 800 _____ (Street) SANTA MONICA CA 90401 _____ (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 08/14/2024	3. Issuer Name and Ticker or Trading Symbol <u>FORWARD AIR CORP [FWRD]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	2,691,677	I	See Footnote ⁽¹⁾⁽³⁾
Common Stock	1,133,323	I	See Footnote ⁽²⁾⁽³⁾

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person * <u>CLEARLAKE CAPITAL GROUP, L.P.</u> _____ (Last) (First) (Middle) 233 WILSHIRE BOULEVARD, SUITE 800 _____ (Street) SANTA MONICA CA 90401 _____ (City) (State) (Zip)
1. Name and Address of Reporting Person * <u>Feliciano Jose Enrique</u> _____ (Last) (First) (Middle) 233 WILSHIRE BOULEVARD, SUITE 800 _____ (Street) SANTA MONICA CA 90401 _____ (City) (State) (Zip)
1. Name and Address of Reporting Person * <u>Eghbali Behdad</u> _____ (Last) (First) (Middle) 233 WILSHIRE BOULEVARD, SUITE 800 _____ (Street) SANTA MONICA CA 90401 _____ (City) (State) (Zip)

Explanation of Responses:

1. Shares held for the account of Clearlake Capital Partners VII Finance, L.P. ("Clearlake Capital Partners VII").

2. Shares held for the account of Clearlake Capital Partners VIII Finance, L.P. ("Clearlake Capital Partners VIII").

3. Clearlake Capital Group, L.P. serves as the investment adviser to and controls each of Clearlake Capital Partners VII and Clearlake Capital Partners VIII. Mr. Feliciano and Mr. Eghbali are Managing Partners of Clearlake Capital Group, L.P. Each of Clearlake Capital Group, L.P., Mr. Feliciano and Mr. Eghbali disclaims beneficial ownership of such securities, except to the extent of its/his indirect pecuniary interest therein.

Remarks:

Exhibit List: Exhibit 24 - Power of Attorney of Reporting Persons (incorporated herein by reference to the Power of Attorney filed as Exhibit No. 2 to the Schedule 13G filed by the Reporting Persons on February 8, 2021).

Clearlake Capital Group, L.P., By:
/s/ John Cannon, as Attorney-in- 08/14/2024
Fact

/s/ John Cannon, Attorney-in-Fact 08/14/2024
for Jose Enrique Feliciano

/s/ John Cannon, Attorney-in-Fact 08/14/2024
for Behdad Eghbali

** 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 5 (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.