FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
rvasiliigtoii,	D.C.	20040	

Check this box if no longer subject
to Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

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>Stephenson Scott G</u>					2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DH]										k all app	,	ng Pers	son(s) to Is	
(Last)	(Fir	rst) (f	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/06/2023									Office	er (give title v)		Other (s below)	specify
C/O DEFINITIVE HEALTHCARE CORP. 492 OLD CONNECTICUT PATH, SUITE 401				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) FRAMINGHAM MA 01701														Form filed by More than One Reporting Person					
(City) (State) (Zip) Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											nded to								
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. 4. 9		4. Securitie	osed of, or Benef i. Securities Acquired (A Disposed Of (D) (Instr. 3, D)			5. Amo Securi Benefi Owned	i. Amount of Securities Beneficially Dwned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or F	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
	Common St			09/06/2					A		28,958(1)	_	-	\$0.00	28,958 D				
Class A (Common St			09/06/2					A		12,496(2)			\$0.00	0.00 41,454 D				
		Tal	ble II -								osed of, o convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execut if any	Deemed 4. 5. Num of		rative rities nired r osed)	6. Date Expirat (Month)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y [0 F C C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of e Shares						

Explanation of Responses:

- 1. Represents restricted stock units ("RSUs"), each representing a contingent right to receive one share of the Issuer's Class A Common Stock, par value \$0.001. All of the RSUs shall vest over a three-year period, where 1/3 of the RSUs shall vest on each anniversary of the Date of Grant (each a "Vesting Date"), in each case subject to the Reporting Person's continued Service with the Issuer through each such Vesting Date.
- 2. Represents RSUs, each representing a contingent right to receive one share of the Issuer's Class A Common Stock, par value \$0.001. All of the RSUs shall vest on the earlier of (i) the first anniversary of the most recent annual meeting of stockholders of the Issuer held on or prior to the Date of Grant, and (ii) immediately prior to the next annual meeting of the Issuer's stockholders following the Date of Grant (the "Vesting Date"), in each case subject to the Reporting Person's continued Service with the Issuer through such Vesting Date.

Remarks:

/s/ Matthew Ruderman, as attorney in fact

09/08/2023

** 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.