SEC Form 4

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

I

OMB Number: 3235-028									
Estimated average burden									
hours per response:	0.5								

Instruction 1(b).			Filed pursuant to Section 16(a) of the Securities Exchange Act of 193		hours per response:			0.5	
			or Section 30(h) of the Investment Company Act of 1940						
1. Name and Addre		•	2. Issuer Name and Ticker or Trading Symbol <u>Definitive Healthcare Corp.</u> [DH]		ationship of F k all applicab Director		Persor X	n(s) to Issuer 10% Owner	
(Last) 140 NEW MON 20TH FLOOR	(First) NTGOMER	(Middle) Y STREET,	3. Date of Earliest Transaction (Month/Day/Year) 05/10/2022		Officer (giv below)	ve title		Other (specif below)	ÿ
(Street) SAN FRANCISCO	СА	94105	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	Form filed	by One F	Reporti	Check Applica ing Person Dhe Reporting	
(City)	(State)	(Zip)							
		Table I - Non-D	Perivative Securities Acquired, Disposed of, or Bene	ficially	v Owned				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)	saction(s)	
Class A Common Stock	05/10/2022		J ⁽¹⁾		1,087	A	\$0.00	1,087	D	
Class A Common Stock	05/10/2022		J ⁽²⁾		17,228	A	\$0.00	18,315	D	
Class A Common Stock	05/11/2022		S		18,315	D	\$15.46 ⁽³⁾	0	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Number of 6. Date Exercisable and Expiration Date (Month/Day/Year) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		7. Titl Amou Secur Unde Deriv Secur 3 and	int of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	v	(A)	(D)	Date Exercisable	ble Date Amount or Number of Shares					

Explanation of Responses:

1. Pro rata distribution in kind from SE VII DHC AIV Feeder, L.P., of which the Reporting Person is a limited partner.

2. Pro rata distribution in kind from SE VII DHC AIV, L.P., of which the Reporting Person is a limited partner.

3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$15.22 to \$15.81, inclusive. The Reporting Person undertakes to provide to Definitive Healthcare Corp., any security holder, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the ranges set forth in this footnote to Form 4.

Remarks:

/s/ Jeffrey C. Haywood

** Signature of Reporting Person

05/12/2022 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.