FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

lashington,	D.C.	20549	

STATEMENT OF CHANGES IN DENERICIAL OWNERSHIP	OMB Number:
	I Estimated ave

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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

Name and Address of Reporting Person* Shamsuddin Kate Marie					2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DH]									5. Relationship of Reporting Person(s) to Issu (Check all applicable) Director Officer (Size Athle					vner
(Last)	(Fir FINITIVE H	st) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/01/2024							X	Officer (give title below) CHIEF STRAT		ΓEGY	Other (s below) Y OFFICE	·	
492 OLD CONNECTICUT PATH, SUITE 401				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) FRAMINGHAM MA 01701													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					Rul	Rule 10b5-1(c) Transaction Indication													
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Table	I - Nor	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benefic	ially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3,			uired (A) Instr. 3, 4	4 and Securit Benefic Owned		ties cially Following	Forn (D) c	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership					
								Code	v	Amount	(A) (D)	(A) or (D) Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class A C	Common Sto	ock		05/01/2	2024		F ⁽¹⁾		2,506	D \$6.97		.97	322,280			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)	Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) if any		on Date,		Transaction of Code (Instr. Derivat		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

1. The transaction reported represents the withholding of shares by the issuer to satisfy the reporting person's tax withholding obligations in connection with the vesting and settlement of previously reported restricted stock units

> /s/ Matthew Ruderman, Attorney-in-Fact

05/03/2024

** 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.