Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549			
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response: 0								

Name and Address of Reporting Person* Krantz Jason Ronald					2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DH]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner							
														v Offic	er (give titl		Other	(specify	
(Last)	(Fi	/	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/01/2024							belov	,		Delow,			
C/O DEFINITIVE HEALTHCARE CORP.						11/202	4							INTE			XECUTI	VE	
492 OLD CONNECTICUT PATH, SUITE 401														CHAIRMAN					
(Street)						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 Pers	m filed by More than One Rep son			oorting					
(City) (State) (Zip) 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.												ended to							
		Table	I - No	on-Deriva	tive \$	Secu	rities	Acc	quired	l, Dis	posed of	, or B	enefic	ally Own	ed				
Date		2. Transacti Date (Month/Day	Execution Date,		ate,	3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)	
Class A Common Stock 05/01/2					024				F ⁽¹⁾		7,658	D	\$6.9	7 894	1,992		D		
Class A Common Stock														450	0,000		1 1	See Footnote ⁽²⁾	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security 2. 3. Transaction Date Office of Derivative Security 34. Deemed Execution Date (Month/Day/Year) 35. Transaction Date (Month/Day/Year) 36. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	ve ies ially ng ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)						
				Code	v	(A)	(D)	Date Exerci	sable	Expiration Date		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 RSUs.
- 2. Amount beneficially owned in trust by DH Holdings (fka Jason R. Krantz 2009 Trust), of which the reporting person is the beneficiary.

/s/ Matthew Ruderman, 05/03/2024 Attorney-in-Fact

** 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.