FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

3235-0287 Estimated average burden hours per response: 0.5

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

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

Name and Address of Reporting Person* Shamsuddin Kate Marie					2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DH]									(Chec	k all app Direc	tor	ng Per	10% O	wner
(Last)	(Fir FINITIVE H	st) (N		3. Date of Earliest Transaction (Month/Day/Year) 06/14/2024								>	below	Officer (give title below) CHIEF STRATE		Other (some persons) OFFICE	·		
492 OLD CONNECTICUT PATH, SUITE 401					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line)	-7					
(Street) FRAMINGHAM MA 01701														J	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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Exec if an	Deemed cution Date, y uth/Day/Year)				Disposed 0	ies Acquired (A) Of (D) (Instr. 3,				ties Fo cially (D) I Following (I)		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or Pr	ice	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Class A Common Stock 06/14/2					2024				F ⁽¹⁾		1,044	,044 D		55.62	321,236			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	if any	med on Date, Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Own Forn Dire or In (I) (Ii	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amou or Numb of Shares	er					

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

06/18/2024

** 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.