FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

KILIEO F	AIND	EXCHANGE	COMMISSIC
Machinaton	DC'	20540	

OMB AP	PR	OVAL
OMB Number:		3235-0287
l =		

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

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									
1	hours per response:	0.5								

	e conditions of ee Instruction 1																		
1. Name and Address of Reporting Person* Booth Richard Douglas				2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DH]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify				vner			
(Last) (First) (Middle) C/O DEFINITIVE HEALTHCARE CORP. 492 OLD CONNECTICUT PATH, SUITE 401					3. Date of Earliest Transaction (Month/Day/Year) 11/05/2024									below) CHIEF FINANCIAL OFFICER					
(Street)	NGHAM M	(A 0	1701 Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable ine) Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Bene	ficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)				Execution		ution [Date,	Code (Instr.				, 4 and Securi Benefic Owned		ties Fo cially (D d Following (I)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount (/		or I	Price		ction(s) 3 and 4)			(Instr. 4)	
Class A Common Stock 11/05/2					2024			A		92,379(1)	O ⁽¹⁾ A		\$ <mark>0</mark>	0 592,759.173			D		
		Tal									osed of, o				y Owned	t			
1. Title of Derivative Security 1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 4. Conversion or Exercise Price of Derivative Security			ion Date,		4. 5. Number of Orde (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		str.	3. Price of Derivative Security Instr. 5)		Ownersh Form: Direct (D) or Indirect (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Num of Shar	.					

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. 100% of the RSUs vest on November 1, 2025, subject to the Reporting Person's continued service with the Issuer through such vesting date.

/s/ Matthew Ruderman, Attorney-in-Fact

11/07/2024

** 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.