FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

KILIEO F	AND EXCHANGE	COMMISSIC
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Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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 defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 3	ee instruction i	U.			,															
Name and Address of Reporting Person* Booth Richard Douglas					2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DH]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
															Off:	er (give title		Other (s		
											∀ ■ Diffice below			below)	specify					
(Last)	3. Date of Earliest Transaction (Month/Day/Year) 11/01/2024									CHIEF FINANCIAL OFFICER										
C/O DEFINITIVE HEALTHCARE CORP.						11/01/2024														
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					
(Street)														Lin						
, ,	NGHAM M	A 0	1701												▼ Form	filed by On	e Rep	orting Perso	on	
															Form filed by More than One Re Person				orting	
(O:t-)	(0)	-4-> /-	7 : \												Perso	OU				
(City)	(St	ate) (2	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)					Execution Date		Date,	3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. 5) 5			uired (Instr.	(A) or 3, 4 ar	d Securit	rities Fo ficially (D ad Following (I)		6. Ownership Form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	Amount	(A) or (D) Pr		Price	Transac	Transaction(s) (Instr. 3 and 4)			(111501. 4)					
Class A (2024			F ⁽¹⁾			3,811	I)	\$4.1	8 500,3	380.173		D						
		Tal									osed of,					d		<u> </u>		
				(e.g., pu	ıts, ca	alls, v	warra	ınts,	optio	ns, c	onvertib	le se	curi	ties)						
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Da ecurity or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rities lired r osed)	6. Date Expirati (Month/	ion Da			.	8. Price of Derivative Security (Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nun of	.						

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

11/05/2024

** 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.