SEC Form 4	
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Instruction 1(b).

## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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STATEMENT OF CHANGES IN	BENEFICIAL OWNERSHIP
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <sup>*</sup> Winters Kathleen A			2. Issuer Name and Ticker or Trading Symbol <u>Definitive Healthcare Corp.</u> [ DH ]		elationship of Reporting Person(s) to Issuer ck all applicable) Director 10% Owner				
(Last)	(Last) (First) (Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/22/2024		Officer (give title below)	Other (specify below)			
C/O DEFINITIVE HEALTHCARE CORP. 492 OLD CONNECTICUT PATH, SUITE 401			4. If Amendment, Date of Original Filed (Month/Day/Year)	g (Check Applicable					
				X	orting Person				
(Street) FRAMINGHAM MA 01701		01701			Form filed by More that Person	n One Reporting			
			Rule 10b5-1(c) Transaction Indication						
(City)	(State)	(Zip)	Check this box to indicate that a transaction was made pursuant t satisfy the affirmative defense conditions of Rule 10b5-1(c). See I	o a contra nstruction	act, instruction or written pla 10.	n that is intended to			
		Table I - Non-Deriva	tive Securities Acquired, Disposed of, or Benef	ficially	Owned				

Table 1 Ten Bertratte Coontaite Acquired, Biopooda el, el Beneriotary entred										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	on Date, Transac Code (In					Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
		Code		v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(11150.4)
Class A Common Stock	05/22/2024		A		26,759 <sup>(1)</sup>	A	\$ <mark>0</mark>	63,881	D	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(**5*) **	,	, .		,					/									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		Expiration Date (Month/Day/Year)		Expiration Date (Month/Day/Year) d		te Amount of		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares										

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, vesting on the earlier of May 22, 2025 or the date of the Issuer's next annual meeting of stockholders, subject to the Reporting Person's continued service through the applicable vesting date.

<u>/s/ Matthew Ruderman,</u> Attorney-in-Fact	05/24/2024
** 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.