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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per response	0.5									

	ction 1(b).		F	led pursu or S	ant to Section	Section 30(h) d	n 16(a) of the li	of the S	ecurit nt Co	ies Exchang mpany Act o	e Act of f 1940	f 1934		nours	s per re	esponse:	0.5
1. Name and Address of Reporting Person* Samuels David M					2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DH]							Check all app Direct	' '		erson(s) to Is 10% Ov Other (s	wner	
(Last) (First) (Middle) C/O DEFINITIVE HEALTHCARE CORP. 550 COCHITUATE RD					3. Date of Earliest Transaction (Month/Day/Year) 09/14/2022						X Officer (give title Other (specify below) Chief Legal Officer						
(Street)	NGHAM M	A 0	11701 Zip)	4. If	Amend	lment,	Date o	of Origina	al File	d (Month/Da	y/Year)			n filed by On	ne Rep	ng (Check A porting Perso an One Repo	on
		Table	I - Non-Der	vative	Secu	rities	Acq	uired	, Dis	posed of	, or B	enefic	ially Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				nd Securi Benefi Owned	cially I Following	Forn (D) o	m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A) o (D)	Price		saction(s) r. 3 and 4)			(Instr. 4)	
Class A common stock 09/14/2				4/2022				F ⁽¹⁾		1,833	D	\$19	.45 2	3,167		D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	vative Conversion Date urity or Exercise (Month/Day/Year) Execution Date, if any		Code	Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	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	Number of Shares					

Explanation of Responses:

Remarks:

/s/ David Samuels

09/16/2022

** 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.

^{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.