FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

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	OMB APPROVAL										
	OMB Number: 3235-028										
	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

1. Name and Address of Reporting Person* <u>Krantz Jason Ronald</u>					2. Issuer Name and Ticker or Trading Symbol  Definitive Healthcare Corp. [ DH ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director X 10% Owner					
(Last)	(Fir	,	(Middle) ALTHCARE CORP.					3. Date of Earliest Transaction (Month/Day/Year) 09/14/2023							Officer (give title X Other (specify below)  Executive Chairman				
492 OLD CONNECTICUT PATH, SUITE 401				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street)	(Street) FRAMINGHAM MA 01701													X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				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 - No	n-Deriva	tive S	Secu	rities	Acc	uired	l, Dis	posed of	, or B	enefici	ally Own	ed				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day			Execution Date,		3. 4. Securities Acc Transaction Code (Instr. 8) 5. 5.					5. Amount of Securities Beneficially Owned Following Reported		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	Transac	Transaction(s) (Instr. 3 and 4)			(111341. 4)				
Class A c	common sto	ck		09/14/2	023			<b>F</b> <sup>(1)</sup>		2,649	D	\$8.2	7 416	416,753		D			
Class A common stock													450	0,000			See footnote <sup>(2)</sup>		
	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)	Derivative Conversion Date Execution Date, I Security or Exercise (Month/Day/Year) if any				Transaction of Code (Instr. Derivati		rative rities iired r osed )	Expiration Date		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						

## **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.
- 2. Amount beneficially owned in trust by DH Holdings (fka Jason R. Krantz 2009 Trust), of which the reporting person is the beneficiary.

## Remarks:

/s/ Matthew Ruderman, as attorney in fact

09/18/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.