SEC Form 4

Г

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVA

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

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

		or Section So(ii) of the investment Company Act of 1940						
1. Name and Address of Reporting P	erson*	2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DH]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Krantz Jason Ronald</u>			X Director X 10% Owner					
(Last) (First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	Officer (give title X Other (specify below)					
C/O DEFINITIVE HEALTHCARE CORP.		02/16/2023	Executive Chairman					
492 OLD CONNECTICUT PA	TH, SUITE 401							
(Street)		4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)					
FRAMINGHAM MA	01701		X Form filed by One Reporting Person					
	01/01		Form filed by More than One Reporting Person					
(City) (State)	(Zip)							

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)						5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Class A Common Stock	02/16/2023		A		294,781 ⁽¹⁾	Α	\$0.00 ⁽¹⁾	424,700	D	
Class A Common Stock								450,000	Ι	See footnote ⁽²⁾

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)	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)				6. Date Exerc Expiration Da (Month/Day/Y	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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, including (i) 276,316 RSUs that vest over a four-year period, with 25% of the RSUs vesting on February 1, 2024, followed by quarterly vesting of 6.25% every three months thereafter over the subsequent three years, in each case subject to the Reporting Person's continued service with the Issuer through each such vesting date, and (ii) 18,465 RSUs that vest on February 16, 2024, subject to the Reporting Person's continued service with the Issuer through such date.

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

Remarks:

<u>/s/ Matthew Ruderman, as</u> <u>attorney in fact</u>

<u>02/21/2023</u>

** 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.