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
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	iue. 366		Filed							ies Exchang mpany Act o		1934		nours	s per r	esponse:	0.5
Name and Address of Reporting Person* Maack Jonathan			2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DH]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last)	(Fir	est) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/03/2024							X Office below	cer (give title w) PRES		Other (below)	specify		
492 OLD CONNECTICUT PATH, SUITE 401				4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Application)						
(Street) FRAMINGHAM MA 01701												X Form filed by One Reporting Person Form filed by More than One Reportin Person						
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication													
											saction was m ons of Rule 10				ruction or writ	ten pla	an that is inte	nded to
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or B	enefic	ially Owi	ned			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			Executi ay/Year) if any		Deemed cution Date, y nth/Day/Year)		Transaction Disposed Code (Instr. 5)		Disposed C	ies Acquired (A Of (D) (Instr. 3,		nd Secur Benef Owne	icially d Following	Fori	wnership m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Class A Common Stock 05/03/				2024		F ⁽¹⁾		10,021	D	\$7.	03 6	699,650		D				
		Tal									osed of, convertib				ed			
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) of Dispo of (D) (Instr	of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercis	able	Expiration Date		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

/s/ Matthew Ruderman,

05/07/2024

Attorney-in-Fact

** 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.