FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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Check this box if no longer subject	STATE
to Section 16. Form 4 or Form 5	
obligations may continue. See	
nstruction 1(b).	

## MENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*  Hamood Samuel A						2. Issuer Name <b>and</b> Ticker or Trading Symbol Definitive Healthcare Corp. [ DH ]								Relationship of Reporting Person(s) to Issue (Check all applicable)     X Director 10% Owne				
(Last)	(Fir	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/22/2024									er (give title w)	e	Other below	(specify
C/O DEFINITIVE HEALTHCARE CORP. 492 OLD CONNECTICUT PATH, SUITE 401					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street) FRAMINGHAM MA 01701					Form filed by More than One Reporting Person											porting		
(City)	(Sta		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	Secu	rities	Acq	uired	, Dis	posed of	, or E	Benefic	ially Owr	ned			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Execu	Deemed cution Date, ny nth/Day/Year)				Disposed Of	es Acquired (A) Of (D) (Instr. 3, 4		nd Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		: Direct r Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) (D)	or Price			Transa		
Class A Common Stock 05/22/2				05/22/2	.024						26,759(1)	A	\$0	) 58	58,840		D	
Class A C	Common Sto	ock												37,037 I By AMH DH LLC				
	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)	Execui if any	Execution Date, if any		4. Transaction Code (Instr. 8)		vative vities vired r osed ) r, 3, 4	6. Date Expira (Month	tion D		7. Title and Amount of Securities Underlying Derivative Security (Insti 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	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.
- 2. AMHAM DH LLC is an entity solely owned by the Samuel Allen Hamood Revocable Trust dtd Aug. 27, 2010, of which the Reporting Person is a trustee and beneficiary as well as LLC Manager. The Reporting Person has sole voting and dispositive power over the shares held by AMHAM DH LLC.

/s/ Matthew Ruderman, Attorney-in-Fact

\*\* Signature of Reporting Person Date

05/24/2024

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.