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	

STATEMENT	OF CH	ANGES IN	I BENEFICIAL	OWNERSHIP
OIAILMLIII	01 011	THOLU III	DENE IOIAL	OWNER

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL								
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hours per response:	0.5							

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Instruction 1(b).

Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DU]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
Shamsuddin Kate Marie				Definitive Healthcare Corp. [DH]							\	Direc	,		10% Ov	vner				
													_	Office below	er (give title		Other (s	specify		
(Last)	(Fir	rst) (N	/liddle)			3. Date of Earliest Transaction (Month/Day/Year)								CHIEF STRATEGY OFFICER						
C/O DEFINITIVE HEALTHCARE CORP.					09/14/2024															
492 OLD CONNECTICUT PATH, SUITE 401																				
					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable							
(Street)															ine) Form filed by One Reporting Person					
FRAMIN	NGHAM M	\mathbf{A} 0	1701												Form filed by More than One Reporting					
															Person					
(City)	(Sta	ate) (Z	Zip)																	
		Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Bene	eficia	ally Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquire Disposed Of (D) (Inst					nd Securi Benefi	curities For neficially (D ned Following (I)		. Ownership form: Direct D) or Indirect I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)						
							Code	v	Amount	(A)) or)	Price	Transa	action(s) 3 and 4)			(111501. 4)			
Class A Common Stock 09/14/				09/14/2	2024				F ⁽¹⁾ 1,044		1,044]	D	\$4.4	4 31	7,686		D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
						1115, V		_						_						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/I		4. Transaction Code (Instr. 8) S. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			rative rities ired r osed)	Expiration Date (Month/Day/Year) Amo Sect Und Deri Sect			Fitle and count of curities derlying rivative curity (Instr. nd 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	ahla	Expiration Date	Title	or Nun of	ount nber						

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, Attorney-in-Fact

09/17/2024

** 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.