FORM 4

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

Washington,	DС	20549	
rvasi iii igioi i,	D.O.	20040	

<b>STATEMENT</b>	<b>OF CHANGES</b>	S IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours ner 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).

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

Name and Address of Reporting Person*     Lazorchak Carrie					2. Issuer Name and Ticker or Trading Symbol  Definitive Healthcare Corp. [ DH ]						(Ch	eck all app Direc	onship of Reportir Ill applicable) Director Officer (give title		rson(s) to Is  10% Ov Other (s	wner			
(Last)	(Fir FINITIVE H	st) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/14/2024								belov	v) ``		below)	·		
492 OLD CONNECTICUT PATH, SUITE 401					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) FRAMINGHAM MA 01701						X Form filed by One Reporting Person  Form filed by More than One Reporting Person													
(City)	(Sta	(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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to								
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or l	Bene	eficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da			Execution Date,		Date,			es Acquired (A) Of (D) (Instr. 3, 4			d Securit Benefit Owned	ities For icially (D) d Following (I) (		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Code	v	Amount	(A (D	() or ()	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(111501. 4)	
Class A Common Stock 02.			02/14/2	2024				A		35,833(1	35,833 <sup>(1)</sup> A		\$ <mark>0</mark>	42	1,528		D		
		Tal									osed of, o				y Owne	d			
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any		4. Transa Code ( 8)			Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		,	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (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	able	Expiration Date	Title	or Nun of	ount nber res					

## **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. The RSUs vest over a four-year period, with 25% of the RSUs vesting on February 1, 2025, 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.

> /s/ Matthew Ruderman, Attorney-in-Fact

02/16/2024

\*\* 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.