FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
-------------	------------

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEM
Instruction 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*  Mitchell Christopher				Det	2. Issuer Name <b>and</b> Ticker or Trading Symbol  Definitive Healthcare Corp. [ DH ]								(Ch	eck all app	ionship of Reporting P all applicable) Director		on(s) to Is:	
(Last)	(Fir	rst) (N	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 08/23/2023								Office below	er (give title v)		Other (s below)	pecify	
140 NEW MONTGOMERY STREET, 20TH FLOOR				4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person				·		
(Street) SAN														Form Perso	n filed by More than One Reporting son			
1	FRANCISCO CA 94105				Rule 10b5-1(c) Transaction Indication													
(City)	(Sta	ate) (Z	Zip)		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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					Execu ay/Year) if any		Deemed cution Date, y nth/Day/Year)		3. Transaction Code (Instr. 8) 4. Securitic Disposed (5)		es Acquired (A) Of (D) (Instr. 3,		(A) or 3, 4 and	Benefic	ies cially Following	6. Owner Form: D (D) or Ir (I) (Insti	Direct of the contract of the	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code V		Amount	(A) or (D) Price		Transaction(s)				,msu. 4)	
Class A Common Stock 08/23/2				2023				J <sup>(1)</sup>		81,069	4	A	\$0	226,126		D		
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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		f   1 9   (	3. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ov Fo Dii or (I)	vnership orm: rect (D) Indirect (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Code	Code V (A) (D		(D)			Expiration Date	Title	or Nur of	ount mber ares					

## **Explanation of Responses:**

1. Pro rata distribution in kind from SE VII DHC AIV, L.P., of which the Reporting Person is a limited partner.

/s/ Christopher T. Mitchell 08/24/2023

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.