Instruction 1(b).

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**

Vashington,	D.C.	20549	
vasimigion,	D.O.	20040	

	OMB APPROVAL									
	OMB Number: 3235-0287									
	Estimated average burden									
ı	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

Name and Address of Reporting Person*     Booth Richard Douglas					2. Issuer Name and Ticker or Trading Symbol  Definitive Healthcare Corp. [ DH ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					
(Last)	(Fir FINITIVE I	rst) (M	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/01/2024									X	belov	<i>I</i> )		below)	·
492 OLD CONNECTICUT PATH, SUITE 401					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) FRAMINGHAM MA 01701													X	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(St	ate) (Ž	Zip)								tion Indi			a contr	ract instr	ection or write	ton nla	n that is into	aded to
			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 S	Secui	rities	Acq	uired,	Dis	posed of	, or B	enefic	cially	y Own	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da				Execution Dat		Date,	Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Securit Benefic Owned		ies :ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	or Pric	e	Reporte Transa (Instr. 3	ed action(s) 3 and 4)			(Instr. 4)
Class A (	Class A Common Stock 05/01			05/01/2	2024	)24 F <sup>(1)</sup> 3,620 1		D	\$6	5.97	509,797.173			D					
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /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 (Instr 3 and 4)					Ownersh Form: Direct (Dor Indire (I) (Instr.	Ownership	Beneficial Ownership (Instr. 4)
					Date Expiration o					or Number of Shares	r								

## **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

05/03/2024

Date

\*\* Signature of Reporting Person

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.