FORM 4

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

OMB APPROVAL

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMI

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction of written plan for the purchase or sale of equity securities of the issuer that is

OMB APP	ROVAL									
OMB Number:	3235-0287									
Estimated average b	Number: 3235-0287 ated average burden									
hours per response:	0.5									

defens	ed to satisfy the e conditions of ee Instruction 1	Rule 10b5-																	
1. Name and Address of Reporting Person*  Krantz Jason Ronald						2. Issuer Name and Ticker or Trading Symbol  Definitive Healthcare Corp. [ DH ]								check all app	7 10% O	on(s) to Issuer			
(Last) (First) (Middle) C/O DEFINITIVE HEALTHCARE CORP. 492 OLD CONNECTICUT PATH, SUITE 401						3. Date of Earliest Transaction (Month/Day/Year) 12/14/2024								Officer (give title Delow)  EXECUTIVE CHAIRMAN					
(Street) FRAMIN (City)	4. If <i>i</i>	Amend	ment,	Date o	of Origin	nal File	ed (Month/Da	y/Year)			i filed by O	ne Rep	ng (Check A porting Pers an One Rep	on					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)				ion 2A. Deemed Execution Date,				3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				ed (A) or	5. Amou Securitie Benefici Owned	int of es ally Following	Form:	: Direct Ir Indirect B str. 4) O	7. Nature of Indirect Beneficial Ownership		
Class A Common Stock 12/14/20					2024				Code F(1)	v	Amount 4.093	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)		D	nstr. 4)	
Class A Common Stock  Class A Common Stock									1		1,023		<b>V</b> 1.4		),000		I S	ee ootnote <sup>(2</sup>	
		Tal	ble II								osed of, convertib				d	,	·		
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. Transa Code 8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title Amour Securi Underl Deriva Securi 3 and 4	nt of ties lying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirec Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						

## 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 RSUs
- 2. Amount beneficially owned in trust by DH Holdings (fka Jason R. Krantz 2009 Trust), of which the reporting person is the beneficiary.

/s/ Matthew Ruderman, Attorney-in-Fact 12/17/2024

\*\* 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.