FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BE	NEFICIAL 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* Shamsuddin Kate Marie						2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DH]									k all app Direc	tionship of Reporti all applicable) Director Officer (give title		10% O		
(Last) (First) (Middle) C/O DEFINITIVE HEALTHCARE CORP. 550 COCHITUATE RD						3. Date of Earliest Transaction (Month/Day/Year) 09/14/2022								X	belov					
(Street) FRAMINGHAM MA 01701 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	-/					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day						Execution Date,			3. Transaction Disposed Of (D) (Instr. 3 5)					, 4 and Securi Benefi		cially Following	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
		Code	v	Amount	(A) (D)				or Pr	ice	Transa	saction(s) : 3 and 4)			(Instr. 4)					
Class A common stock 09/14/2						2022			F ⁽¹⁾		4,177	D	\$	19.45	52	2,767		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	Conversion Date Or Exercise (Month/Day/Year) Price of Perivative Conversion Date Execution Date, if any (Month/Day/Year) (Month/Day/Year)		4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed) r. 3, 4	Expiration Da		te Amount of Securities Underlying Derivative Security (In 3 and 4) Expiration Amo or Num		int of ities rlying ative ity (Ins 4) Amou or Numb	int eer		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

Remarks:

/s/ David Samuels, as

attorney-in-fact

09/16/2022

** 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.

^{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.