FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549	

TATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per respons	e 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

1. Name and Address of Reporting Person* Shamsuddin Kate Marie				2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DH]							eck all app Direc	tor	ng Pe	10% O	6 Owner					
(Last)	(Fir FINITIVE H	st) (M	/liddle)		3. Date of Earliest Transaction (Month/Day/Year) 02/14/2024							belov	er (give title v) EF PROD	UCT	Other (below)	·				
492 OLI	CONNEC	TICUT PATH, S	UITE	401	4. If A	Amend	ment,	Date o	f Origina	al File	d (Month/Da	y/Yeaı	r)	Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) FRAMINGHAM MA 01701													1		m filed by One Reporting Perso m filed by More than One Repo son					
(City)	(City) (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 to 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	ly Own	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date		Date,	Transaction Disposed C Code (Instr. 5)		es Acquired (A) Of (D) (Instr. 3, 4			Securi Benefi Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A (D	A) or D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Class A	Common Sto	ock		02/14/2	2024				A		121,831	1)	A	\$ <mark>0</mark>	\$0 325,830 D		D			
		Tal									osed of, o				Owne	d				
1. Title of Derivative Security (Instr. 3)	rivative curity or Exercise price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)	(Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		nstr.	. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

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.