FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     Chilukuri Sastry					2. Issuer Name <b>and</b> Ticker or Trading Symbol  Definitive Healthcare Corp. [ DH ]									ck all app	nship of Reporting F applicable) irector		(s) to I		
(Last)						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023								Office below	er (give title v)		Other (s pelow)	specify	
C/O DEFINITIVE HEALTHCARE CORP. 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)					
	CONNEC									X	X Form filed by One Reporting Person								
(Street) FRAMINGHAM MA 01701														Form filed by More than One Reporting Person					
						Rule 10b5-1(c) Transaction Indication													
(City) (State) (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	l - No	n-Deriva	tive S	ecur	ities Acc	uired,	Dis	posed of	, or	Ben	eficial	ly Owr	ned				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/					Execution Date,				ies Acquired (A) Of (D) (Instr. 3, 4			Benefi Owned Follow	ties cially I ing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code V		Amount	(A (D	A) or D)	Price		ed action(s) 3 and 4)				
Class A Common Stock 06/01/20						:023		A		17,536 <sup>(1</sup>	)   .	A	\$0.00	4	4,124	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)	ive Conversion Date y or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	es d		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		f D	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership (Instr. 4)			
					Code	v	(A) (D)	Date Exercisa	able	Expiration Date	Title	or Nur of	ount mber ures						

## 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, vesting on the earlier of June 1, 2024 or the date of the Issuer's next annual meeting of stockholders, subject to the Reporting Person's continued service through the applicable vesting date.

## Remarks:

/s/ Matthew Ruderman, as attorney in fact 06/08/2023

\*\* 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.