FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									

0.5

hours per response:

Form filed by One Reporting Person

Form filed by More than One Reporting

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 or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

(State)

01701

(Zip)

FRAMINGHAM MA

(Street)

(City)

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5- 1(c). See Instruction 10.						
1. Name and Address of Reporting I Moschella William	Person*	2. Issuer Name and Ticker or Trading Symbol Definitive Healthcare Corp. [DH]	(Checl	ationship of Reporting Person(s) to Issuer k all applicable) Director 10% Owner		
		O Data of Fadicat Transportion (March / Davidson)	V	Officer (give title below)	Other (specify below)	
(Last) (First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)		Chief Product & T	Fech Officer	
C/O DEFINITIVE HEALTHO	CARE CORP.	01/01/2025		Chief i foduct &	reen onicer	
492 OLD CONNECTICUT P.	ATH, SUITE 401					
		4. If Amendment, Date of Original Filed (Month/Day/Veer)	6 Indi	vidual or Joint/Croup Fili	ing (Chook Applicable	

Line)

1

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned												
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Pate, Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code	v	Amount (A) or (D) Price		Transaction(s) (Instr. 3 and 4)		(Instr. 4)			
Class A Common Stock	01/01/2025		F ⁽¹⁾		13,421	D	\$4.11	420,409	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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/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)		8. Price of Derivative Security (Instr. 5)	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)
				Code	v	(A)	(D)	Date Exercisable	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 restricted stock units

> /s/ Matthew Ruderman, Attorney-in-Fact

01/03/2025

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.