SEC Form 4														
FORM 4	UNITED	STATES				OMMIS	SION							
			Washingt	on, D.C	. 2054	19			OMB APPROVAL					
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).	Ect to STATEMENT OF CHANGES IN BENEFICIAL OWNER Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940									IIP OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5 tionship of Reporting Person(s) to Issuer all applicable) Director 10% Owner Officer (give title Other (specify below) ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person t, instruction or written plan that is intended to 10. Owned		Estimated average burden		
1. Name and Address of Reporting Person [*] McCarthy Cornelius P. III			Issuer Name and Ticke Iedpace Holding				(Chec	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Mecariny comenus r. m				-	-	X	Director	10% 0	Owner					
(Last) (First)	(Middle)		Date of Earliest Transa /31/2024	ction (M	onth/[Day/Year)								
C/O MEDPACE HOLDINGS, INC. 5375 MEDPACE WAY			If Amendment, Date of	Original	Filed	(Month/Day/Y	6. Indi Line) X							
(Street) CINCINNATI OH 45227														
	RI	Rule 10b5-1(c) Transaction Indication												
(City) (State)		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.												
Та	ble I - Nor	n-Derivative	e Securities Acqu	uired,	Disp	posed of, o	or Ben	eficially	Owned					
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye	Execution Date,	3. Transa Code (8)		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)			
Common Stock		03/31/2024	4	М		63	Α	(1)	5,101	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	ion Date Execution Date, ITransaction of Code (Instr. Deriv (Month/Day/Year) (Month/Day/Year) 8 Secu		r osed) 1.3,4	6. Date Exerc Expiration Da (Month/Day/Y	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				
Restricted Stock Unit	(1)	03/31/2024		м			63	(2)	(2)	Common Stock	63	\$ <mark>0</mark>	186	D	

Explanation of Responses:

1. Each restricted stock unit represents a contingent right to receive one share of MEDP common stock.

2. On November 30, 2023, the Reporting Person was granted 249 restricted stock units vesting in four approximately equal installments on March 31, 2024, June 30, 2024, September 30, 2024 and December 31, 2024.

Remarks:

/s/ Stephen P. Ewald, Attorneyin-Fact for Cornelius P. McCarthy III

04/02/2024

** 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.