FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

neck this box if no longer subject to	S
ection 16. Form 4 or Form 5	
ligations may continue. See	
ntw.otion 1/b)	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number: 3235-02									
l	Estimated average burden									
l	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

Name and Address of Reporting Person* Carley Brian T						2. Issuer Name and Ticker or Trading Symbol Medpace Holdings, Inc. [MEDP]										Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(F	First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/30/2023										r (give title		Other (s below)	specify		
C/O MEDPACE HOLDINGS, INC. 5375 MEDPACE WAY					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	NATI C)H	45227		L											Form Perso		re tha	ın One Repo	rting
(City) (State) (Zip)					- Ru	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.														
		Tab	le I - Nor	n-Deriv	ative	Sec	uritie	es Ac	quire	d, Di	ispo	osed o	of, or E	3en	eficial	ly Owne	d			
Date				Date	h/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year		Transaction Code (Instr.		on I	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			I Securition Benefici	neficially vned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Cod	e V	4	Amount	(A) (D)	or	Price	Transac (Instr. 3	tion(s)			(IIIsu. 4)
Common Stock 09/3					0/2023				М			103	3 A		(1)	7,710			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. Deeme Execution if any (Month/Da	Date,	Date, Transac Code (I				6. Date Exercisab Expiration Date (Month/Day/Year)			e and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Exp Date	oiration te	Title	O N O	lumber					
Restricted Stock Unit	(1)	09/30/2023			M			103	(2)			(2)	Commo	n	103	\$0	103		D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of MEDP common stock.
- 2. On December 9, 2022, the Reporting Person was granted 413 restricted stock units, vesting in four approximately equal installments on March 31, 2023, June 30, 2023, September 30, 2023, and December 9, 2022, the Reporting Person was granted 413 restricted stock units, vesting in four approximately equal installments on March 31, 2023, June 30, 2023, September 30, 2023, and December 30, 31, 2023.

/s/ Stephen P. Ewald as Attorney-in-Fact for Brian T.

10/03/2023

Carley

** 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.