FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden 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

| 1. Name and Address of Reporting Person* Medpace Investors, LLC | | | | | | 2. Issuer Name and Ticker or Trading Symbol Medpace Holdings, Inc. [MEDP] | | | | | | | | | all app Direc | tor | ng Pei X | 10% O | wner |
|--|--|--|---------------|--|-------|---|----------|-------------------------|---|---------------------------------|---|---|--|---|--|--|--------------------------------|--|--|
| C/O MEDPACE HOLDINGS, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/20/2020 | | | | | | | | | | Officer (give title below) | | Other (below) | specify |
| 5375 MEDPACE WAY | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) CINCINNATI OH 45227 | | | | | | | | | | | | | | X | , | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - N | lon-Deriva | tive | Secui | rities / | ٩cc | quire | ed, Di | sposed o | f, or B | enefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | | ear) | Execution Date, | | Ī | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | nd 5) Securi Benef | | ities For icially (D) d Following (I) (| | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | saction(s) : 3 and 4) | | | (111501. 4) |
| Common Stock 08/20/ | | | | | 20 | | | | | | 18,813(1) | D | \$125. | 83 ⁽²⁾ | 6,8 | 861,493 | | D | |
| Common Stock 08/21/202 | | | | 20 | | | | S ⁽¹⁾ | | 24,304(1) | D | \$124. | 37 ⁽³⁾ | 6,837,189 | | | 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) | Exed if an | Deemed cution Date, y nth/Day/Year) | | saction (Instr. | | | | ate Exe iration I nth/Day | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Der Sec (Ins | Price of ivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Ow Fo Dir or (I) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) (| (D) | Date Exer | e rcisable | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 4, 2020.
- 2. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$125.15 to \$127.04. The Reporting Person undertakes to provide full pricing information to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission upon request.
- 3. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$123.08 to \$126.09. The Reporting Person undertakes to provide full pricing information to the Issuer, any security holder of the Issuer or the staff of the Securities and Exchange Commission upon request.

/s/ Stephen P. Ewald, **Authorized Signatory for** Medpace Investors, LLC

08/24/2020

** 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.