FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	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
Inchrication 1/h)

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]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last)	(Fi	rst) (f	Middle	e)			te of Earliest Transaction (Month/Day/Year) 7/2024								Office	er (give title v)		Other (below)	specify	
C/O MEDPACE HOLDINGS, INC. 5375 MEDPACE WAY				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person							
(Street)	NATI O	H 4	5227	,											Form Perso	filed by Mo	re tha	an One Rep	orting	
(City)	$ _{\square}$	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.																		
			I - N	Ion-Deriva				Ac		d, Di	-									
Date			2. Transaction Date (Month/Day/	Year) Execut		emed ion Date, /Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		ction(s)			(Instr. 4)	
Common Stock				02/27/2024					S ⁽¹⁾		50,000	D	\$401.8	.88(2) 5,1		,183,019		D		
Common Stock 02/28/20				24				S ⁽¹⁾		50,000	D	\$404.1	.13 ⁽³⁾ 5,133,019		33,019	3,019 D				
		Tal	ble I	I - Derivati (e.g., pι							posed of, convertib				wne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution Date, y nth/Day/Year)	4. Transa Code (8)	(Instr.	of	ired r osed) r. 3, 4	Expir (Mon	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiratio Exercisable Date			e and int of rities rlying ative rity (Instr. 4) Amount or Number of Shares			9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

Explanation of Responses:

- 1. The transactions reported on this Form 4 were effected pursuant to a limit order placed by the Reporting Person during an open window period.
- 2. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$398.84 to \$404.17. 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 \$400.105 to \$407.27. 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.

Remarks:

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

02/29/2024

** 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.