FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
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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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* Troendle August J. (Last) (First) (Middle) C/O MEDPACE HOLDINGS, INC.			2. Issuer Name and Ticker or Trading Symbol Medpace Holdings, Inc. [MEDP] 3. Date of Earliest Transaction (Month/Day/Year) 09/20/2022								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner X Officer (give title Other (specify below) CEO									
(Street) CINCIN		H 4	-5227 Zip)		4. If Amendment, Date of Origin							,		Line) X	X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of Security (Instr. 3) 2. Transac Date			2. Transaction	n 2A. Deemed Execution Date,		te, 3. Transaction Code (Instr.		ection	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			r 5. Amount of Securities Beneficially Owned Following		unt of ies :ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
							7	Code V		Amount	(A) or (D)	(A) or Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	Stock			09/20/202	22				P ⁽¹⁾		94,119	A	\$155.	14 ⁽²⁾	6,33	31,474		I I	By Medpace Investors, LLC ⁽³⁾	
Common Stock				09/21/2022					P ⁽¹⁾		94,119	A	\$161.	63(4)	6,425,593			I I	By Medpace Investors, LLC ⁽³⁾	
Common Stock													806,643]	D				
		Tal	ble I	I - Derivati (e.g., pι							posed of , convert				Owne	d				
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, ry nth/Day/Year)	4. Transa Code (8)		5. Nur of Deriva Secur Acqui (A) or Dispo of (D) (Instr. and 5	ative rities ired sed	Exp (Mo	iration nth/Da	y/Year)	Amo Secu Unde Deriv Secu 3 and	Amour or Number of	De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i G	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)	

Explanation of Responses:

- 1. The purchases reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by Medpace Investors, LLC ("MPI") on March 17, 2022, as amended on May 3, 2022 and August
- 2. The reported price is a weighted average price. These shares were purchased in multiple transactions ranging from \$151.72 to \$157.02. 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 Reporting Person is the sole manager and controlling unit holder of MPI and has sole voting and investment control with respect to the securities held by MPI. The Reporting Person may be deemed to indirectly beneficially own the securities of the Issuer held by MPI but disclaims beneficial ownership of such securities except to the extent of his pecuniary interest therein.
- 4. The reported price is a weighted average price. These shares were purchased in multiple transactions ranging from \$157.83 to \$163.71. 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,

Attorney-in-Fact for August J. 09/22/2022 **Troendle**

** 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.