Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | OMB APPROVAL | | | | | | | | | | | |
|--------------------------|--------------|--|--|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | | | | |
| 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

| Name and Address of Reporting Person* Medpace Investors, LLC | | | | 2. Issuer Name and Ticker or Trading Symbol Medpace Holdings, Inc. [MEDP] | | | | | | | | | all app | | ng Per X | 10% O | wner | | |
|--|---|--|------------------------------------|---|--|--|--------|-------------------------|---|-----------|---------------------------------------|--|---|----------------------|--|--|--|---|------------|
| (Last) (First) (Middle) C/O MEDPACE HOLDINGS, INC. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/22/2020 | | | | | | | | | Office | er (give title v) | | Other (below) | specify | | |
| 5375 MEDPACE WAY | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) CINCINNATI OH 45227 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | ate) (Ž | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - N | lon-Deriva | tive | Secu | rities | Ac | quire | ed, Di | sposed of | f, or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yes | | | | | ear) i | Execution Date, | | ·, | | | Acquired (A) or D) (Instr. 3, 4 an | | id 5) Securi Benefi | | cially I Following | Form (D) o | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Trans | | action(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 12/22/2020 | | | | 20 | | | | S ⁽¹⁾ | | 33,260(1) | D | \$140.0 |)1 ⁽²⁾ | 6,5 | 22,547 | | 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) | ate Execution Date, Transaction of | | ative rities ired osed | Expiration Date (Month/Day/Year) ed ed 4, 4 Date Expiration | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) Amount or Number of Title Shares | | Deri Sec (Ins | Price of erivative scurity nstr. 5) Beneficial Owned Following Reported Transactic (Instr. 4) | | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

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 December 3, 2020.
- 2. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$140.00 to \$140.295. 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

12/23/2020

** 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.