FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 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* BURWIG SUSAN E | | | | | | 2. Issuer Name and Ticker or Trading Symbol Medpace Holdings, Inc. [MEDP] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | |
|--|--|--|--|--|------------------------|---|----------------------|--------------|---------------------|---------|---|--------|---|---|---|--|--|--|---|--|
| (Last) | st) (First) (Middle) D MEDPACE HOLDINGS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 12/14/2023 | | | | | | | | | belov | er (give title v) Exec. VP, | Ope | 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) | et) ICINNATI OH 45227 | | | | | X Form filed by One Reporting Pe Form filed by More than One Re Person | | | | | | | | | | | | | | |
| (City) (State) (Zip) | | | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | | | | | | | | | | nsaction was m itions of Rule 1 | | | | | uction or writt | en pla | an that is inte | nded to | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | rear) l | f any | on Date, | | | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | nd 5) Secur Benef | | ities Folicially (D d Following (I) | | m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | | Transa | action(s) 3 and 4) | | | (Instr. 4) | | | | |
| Common Stock 12/14/202 | | | | | | !3 | | S | | | 10,391 | D | \$304.1 | 5(2) | 17,292 | | | D | | |
| Common Stock 12/15/202 | | | | | | 23 | | 5 | | | 2,009 | D | \$30 | 03 1 | | 5,283 | | 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) | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | | ansaction de (Instr. S | | osed) r. 3, 4 | Expi (Moi | ration I nth/Day | /Year) | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (A) (D) | | cisable | Expiration Date | Title | of Shares | | | | | | | |

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 \$303.00 to \$305.455. 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 Susan E. 12/18/2023

Burwig

** 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.