FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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

**OMB APPROVAL** OMB Number: 3235-0287 Estimated average burden 0.5 hours per response:

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*  Gwadry-Sridhar Femida H.					2. Issuer Name and Ticker or Trading Symbol  Medpace Holdings, Inc. [ MEDP ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Gwaur</u>	<u>y-Sriunar</u>	Feiiilua H.				<u></u>								X	Directo	or		10% Ov	vner		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/19/2023										(give title		Other (s below)	pecify		
C/O MEDPACE HOLDINGS, INC.					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
5375 MEDPACE WAY						Supplies the supplies of									Line)						
					-									X	Form	filed by One	Rep	orting Perso	n		
(Street)															Form f		e tha	n One Repo	rting		
CINCIN	NATI O	H ·	45227		<u> </u>										1 0130						
				-  Rul	le 1	L0b5-	1(c	:) Transa	acti	on Ind	า										
(City) (State) (Zip)																					
									dicate that a tr e defense con				a contract, instruction or written plan that is intended to truction 10.								
		Tabl	e I - No	n-Deriv	ative S	Sec	uritie	s Ac	quired, D	Disp	osed o	of, or Be	eneficia	lly	Owne	d					
1. Title of Security (Instr. 3) 2. Transa			action		A. Deem		3.					3, 4 and Securitie		ecurities For eneficially (D)		orm: Direct D) or Indirect	7. Nature of Indirect Beneficial				
Date (Month/D						)   if	kecution any		Code (In:	Transaction Disposed Of (D) (Inst								ısır. 3, 4 a			
					(N	lonth/Day/Year		ar) 8)	$\rightarrow$				_	Reporte		(I) (Ir	(I) (Instr. 4)	Ownership (Instr. 4)			
					1			Code	v	Amount	(A) ( (D)	Price		Transac (Instr. 3							
								_				<u> </u>	<i>c</i> · · · ·								
		li							uired, Dis					y C	wned						
						alis	, waii	anı						_							
1. Title of Derivative	2. Conversion	3. Transaction Date	3A. Deem Execution		4. Transaction Code (Instr. 8)		on of		6. Date Exercisable and Expiration Date Amount of Securities Underlying					8. Price of Derivative Security (Instr. 5)				10. Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any										6								
Derivative					0)		Acquir		Derivative Secu					""	SII. 3)	Owned		or Indirect	(Instr. 4)		
Security							(A) or Dispos	ed	(Instr. 3 and 4)							Following Reported		(I) (Instr. 4)			
					of (D) (Instr.	3.4								Transaction(s) (Instr. 4)							
	and 5)																				
									Amount												
													or Number								
					Code	v	(A)	(D)	Date Exercisable		piration te	Title	of Shares								
Stock							$\vdash$			$\top$				$\top$			$\neg$				
Option	\$210.88	05/19/2023			A		1,769		(1)	05/	19/2030	Common Stock	1,769		\$ <mark>0</mark>	1,769		D			
(Right to Buy)												Stock									

## **Explanation of Responses:**

1. The option vests on the earlier of (i) the day immediately preceding the date of the first annual meeting of the Issuer following the date of grant, and (ii) the first anniversary of the date of grant, subject to continued service on the board of directors of the Issuer through the vesting date.

> /s/ Stephen P. Ewald as Attorney-in-Fact for Femida

H. Gwadry-Sridhar

\*\* Signature of Reporting Person

05/23/2023

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.