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(b).

## 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

Name and Address of Reporting Person*     Troendle August J.						2. Issuer Name <b>and</b> Ticker or Trading Symbol Medpace Holdings, Inc. [MEDP]										5. Relationship of Repor (Check all applicable) X Director			erson(s) to			
(Last) (First) (Middle) C/O MEDPACE HOLDINGS, INC. 5375 MEDPACE WAY						3. Date of Earliest Transaction (Month/Day/Year) 12/21/2021									X	X Officer (give title below)			Other below	(specify		
(Street) CINCINNATI OH 45227					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi Line) X					son			
(City)																						
				I - I	Non-Deriva	_					ed, C	1				icially						
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yi					ar)   E	A. Deer execution any Month/I	n Date	, [	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			(A) or . 3, 4 an	nd 5) Sec Ben Owi		Amount of curities neficially med Following		wnership n: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership		
								-	Code	v	Amount		(A) or (D)	Price		Reported (Instr. 4) Transaction(s) (Instr. 3 and 4)		(r. 4)	(Instr. 4)			
Common Stock 12/21/202					ı				S <sup>(1)</sup>		18,133 <sup>(1</sup>		D	\$215.17 <sup>(2)</sup>		5,678,375		I		By Medpace Investors, LLC <sup>(3)</sup>		
Common Stock 12/22/					12/22/202	1				S <sup>(1)</sup>		38,960 <sup>(1</sup>	)	D \$220.5 <sup>(4)</sup>		0.5(4)	5,639,415		I		By Medpace Investors, LLC <sup>(3)</sup>	
Common Stock																70	6,643		D			
			Tal	ole	II - Derivati							sposed o					Owne	d				
1. Title of Derivative Security (Instr. 3)	2. 3. Transaction Conversion Date Execution or Exercise (Month/Day/Year)		Deemed cution Date,	4. Transaction Code (instr. 8)		5. Nu of Deriv Secu Acqu (A) o Disp of (D (Inst and !	rative rative rities rired rosed )	r 6. Exp	Date Expiration	ercisable and n Date a		7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4)  Amo or Num of Title Shar		8. I De Ser (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (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 Medpace Investors, LLC ("MPI") on November 1, 2021.
- 2. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$210.785 to \$217.53. 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 sold in multiple transactions ranging from \$217.08 to \$222.00. 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. 12/23/2021 **Troendle** 

\*\* 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.