FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C. 20549
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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(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*  Medpace Investors, LLC						2. Issuer Name <b>and</b> Ticker or Trading Symbol Medpace Holdings, Inc. [ MEDP ]									all app	tor	ng Per X	10% O	wner
		LDINGS, INC.	Middle	e)		3. Date of Earliest Transaction (Month/Day/Year) 08/26/2020									Office belov	fficer (give title elow)		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 S	Secui	rities	Ac	quir	red, D	isposed o	f, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				ear) if	Execution D		Date,		saction e (Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			nd 5) Securi Benefi		ities F icially (I d Following (I		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	e v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(111501.4)
Common Stock 08/26					20				S <sup>(1)</sup>		13,889(1)	D	\$123.5	6,792,800		92,800	) D		
Common Stock 08/27/20				08/27/202	20				S <sup>(1)</sup>		2,034(1)	D	\$121.9	94 <sup>(3)</sup>	6,790,766		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)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any			4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Ex (Me	Date Exe opiration Ionth/Day		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec (Ins		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Da Ex	ate kercisabl	Expiration Date	Title	Amount or Number of Shares						

## **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 March 4, 2020.
- 2. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$122.57 to \$124.58. 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 reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$121.02 to \$123.07. 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, Authorized Signatory for Medpace Investors, LLC

08/28/2020

\*\* 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.