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

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
an Contine 20/h) of the Investment Company, Act of 1040

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1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol <u>Medpace Holdings, Inc.</u> [MEDP]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Troendle August J.				X	Director	Х	10% Owner			
(Last) (First)		(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	- x	Officer (give title below)	•	Other (specify below)			
C/O MEDPAC	E HOLDING	SS, INC.	07/18/2022	CEO						
5375 MEDPAG	CE WAY									
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	vidual or Joint/Gro	up Filing	g (Check Applicable			
CINCINNATI	OH	45227		X	Form filed by O	ne Repo	orting Person			
					Form filed by M Person	ore thar	One Reporting			
(City)	(State)	(Zip)								

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Disposed Of 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)
Common Stock	07/18/2022		P ⁽¹⁾		8,330	Α	\$145 ⁽²⁾	5,513,639	Ι	By Medpace Investors, LLC ⁽³⁾
Common Stock								806,643	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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of Deriv Secu Acqu (A) o Dispo of (D (Instr	5. Number of Derivative (A) or Disposed of (D) (Instr. 3, 4 and 5) 5. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year)		ate	7. Titl Amou Secur Unde Deriv Secur 3 and	int of rities rlying ative rity (Instr.	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)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

1. The purchases reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by Medpace Investors, LLC ("MPI") on March 17, 2022, and amended on May 3, 2022.

2. The reported price is a weighted average price. These shares were purchased in multiple transactions ranging from \$144.885 to \$145.00. 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.

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.

/s/ Stephen P. Ewald,

Attorney-in-Fact for August J. 07/20/2022

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.