FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	20549	
vasiliigton,	D.C.	20549	

STATEMENT	OF CHANGES	S IN BENEFI	CIAL OWN	IERSHIP

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

Check this box if no longer subject to 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 or Section 30(h) of the Investment Company Act of 1940

	nd Address of ce Investo		Middle	2)	Suer Name and Ticker or Trading Symbol Medpace Holdings, Inc. [MEDP] Date of Earliest Transaction (Month/Day/Year) 09/20/2023										all app	tor er (give title	ng Per	, ,	wner
C/O ME	,	LDINGS, INC.			4. If <i>A</i>	If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street)	NATI OI	Н 4	5227	,	Rul	Rule 10b5-1(c) Transaction Indication						nn	Form filed by More than One Reporting Person						
(City)	(St	ate) (Z	Zip)										irsuant to a	contra ruction	act, instr 1 10.	uction or writ	ten pla	an that is inte	ended to
		Table	I - N	lon-Deriva	ative S	Secui	rities	Ac	quire	d, Di	sposed of	f, or E	Benefici	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N				Execution Date,		e,			4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Securi Benef		cially I Following	Forn (D) c	n: Direct or Indirect nstr. 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	non Stock 09/20/202					23			S ⁽¹⁾	П	65,653	D	\$255.4	.48 ⁽²⁾ 5		5,976,602		D	
Common	Stock			09/21/20	23				S ⁽¹⁾		61,655	D	\$244.2	J.27 ⁽³⁾ 5,914,947 D					
		Tal	ole II	l - Derivati (e.g., pι							posed of, convertib				Owned	t			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exec if an	Deemed cution Date, y tth/Day/Year)	4. Transa Code (8)	(Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year)		Expiration	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amoun or Numbe of Title Shares		Deri Sec	Price of erivative ecurity nstr. 5) Beneficiall Owned Following Reported Transactio (Instr. 4)		y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (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 the Reporting Person on May 1. 2023.
- 2. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$253.07 to \$257.935. 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 \$239.77 to \$251.58. 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.

/s/ Stephen P. Ewald,

Attorney-in-Fact for Medpace 09/21/2023

Investors, LLC

** 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.