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
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours ner resnonse.									

					or S	section 3	o(n) of the	investr	nent (company Act	of 1940						
1. Name and Address of Reporting Person* Medpace Investors, LLC			2. Issuer Name and Ticker or Trading Symbol Medpace Holdings, Inc. [MEDP]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner							
(Last)	(Fi	rst) (M	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/04/2024								Officer (give title elow)		Other (below)	specify
C/O MEDPACE HOLDINGS, INC. 5375 MEDPACE WAY			4. If Amendment, Date of Original Filed (Month/Day/Year)							ne)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person						
(Street)	Street) CINCINNATI OH 45227												Form filed by More than One Reporting Person				
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.												
		Table	I - No	on-Deriva	tive	Secur	ities Ac	quire	d, D	isposed o	f, or B	enefici	ally O	wned			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y		Execution Date,		3. Transaction Code (Instr. 8) 4. Securities A					Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								v	Amount	(A) or (D)	Price	Tr	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock			03/04/202	24			S ⁽¹⁾		50,000	D	\$403.1	2(2)	2) 4,983,019		D	
Common Stock 03/05/202			24			S ⁽¹⁾		50,000	D	\$402.7	7 ⁽³⁾ 4,933,019		D				
		Tal	ble II							posed of, , convertil				ned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	eemed ition Date, h/Day/Year)		saction e (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4	Expi (Mon	ration	ercisable and Date y/Year)	7. Title Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Instr.	8. Price Derivat Securit (Instr. 8	ive derivative Securities	y G F D o (I	0. Ownership Form: Direct (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. The transactions reported on this Form 4 were effected pursuant to a limit order placed by the Reporting Person during an open window period.

Code

2. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$400.52 to \$408.21. 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.

Date

Exercisable

Expiration

Title

and 5)

(A) (D)

3. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$400.00 to \$404.39. 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.

Remarks:

/s/ Stephen P. Ewald, Authorized Signatory for Medpace Investors, LLC

Amount

Shares

03/06/2024

** 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.