FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington, i	J.C. 20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
	Estimated average burd	en							
l	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

1. Name and Address of Reporting Person* BURWIG SUSAN E						2. Issuer Name and Ticker or Trading Symbol Medpace Holdings, Inc. [MEDP]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
DOKWIG SOSAIVE																Directo			10% O	· I	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 10/23/2023							X	below)			Other (below)	specify			
C/O MEDPACE HOLDINGS, INC.							10/20/2020								Exec. VP, Operations						
								-4 D-4-	- (0	odenie a LE		(1.4 +l- /D			6 Individual or Joint/Croup Filing (Chook Applicable						
5375 ME	EDPACE W	_ 4. 11	If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)										
(Street)															X	X Form filed by One Reporting Person					
CINCINNATI OH 45227						Form filed by More than One Reporting Person										orting					
(City)	(S	tate)	(Zip)		Rı	Rule 10b5-1(c) Transaction Indication															
					Ιп	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.																					
		Tab	le I - Nor	n-Deriv	<i>r</i> ative	e Se	curit	ies Ad	qui	ired, C	isį	osed c	of, or Be	enefi	cially	Owned	i				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date,			Code (Instr. 5)			4 and Securiti Benefic Owned		es Formially (D) (Following (I) (I		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
										Code	,	Amount	(A) o	r _{Pr}	ice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 10/2					3/2023	/2023				M		7,500	0 A \$3		32.05	27,683			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
				(e.g., p	outs,	call	s, wa	rrants	s, o	ptions	s, c	onverti	ble seci	uritie	es)					,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,		Transaction Code (Instr.				6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		9	8. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
								Amo	unt												
					Code	V	(A)	(D)	Date Exe	e ercisable		xpiration ate	Title	Num of Shar							
n 1						Ė	+ "	\ <u>-</u> '	<u> </u>		۲			1	+			_		+	
Employee Stock Option (Right to	\$32.05	10/23/2023			M			7,500		(1)	03	2/28/2025	Common Stock	7,5	00	\$0	7,500		D		

Explanation of Responses:

1. The option vested on February 28, 2022.

/s/ Stephen P. Ewald, Attorneyin-Fact for Susan E. Burwig 10/25/2023

** 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.