FORM 4

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

Vashington,	D.C. 20549	
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Check this box if no longer subject
o Section 16. Form 4 or Form 5
obligations may continue. See
noterrotion 1/h)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* <u>Troendle August J.</u>						2. Issuer Name and Ticker or Trading Symbol  Medpace Holdings, Inc. [ MEDP ]									5. Relationship of Reporting Person(s) to Issur (Check all applicable)  X Director X 10% Owne						
(Last) (First) (Middle) C/O MEDPACE HOLDINGS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/22/2023									X	Office below	,	EO	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	X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City) (State) (Zip)						ıle 10	)b5-	1(c	ıT (:	ransa	actio	on Ind	licati	on							
										rsuant to a c). See Instr			uction or writ	ten pla	an that is in	tended to					
		Table	I - N	lon-Deriva	itive	Secu	rities	Ac	qui	red, D	ispo	osed o	f, or E	3enefic	ially	/ Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			Execution I		on Date	n Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a			and 5) Sec Ben Owi		Amount of curities neficially ned Following		vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	e V	Amo	ount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common Stock			11/22/202	22/2023				S <sup>(1)</sup>		25	5,000	D	\$277.8	1(2)	5,689,947		I		By Medpace Investors, LLC <sup>(3)</sup>		
Common	Stock														806,643 D						
		Tal	ble I	I - Derivati (e.g., pι												Owne	d				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Security or Exercise (Month/Day/Year)   Execution Date,			saction (Instr.	5. Nu of Deriv Secu Acqui (A) of Dispo of (D) (Instrand £	vative rities rired r osed ) r. 3, 4	Ex (M	Date Ex. cpiration lonth/Da	ay/Year)		Amou Secu Unde Deriv	rlying ative rity (Instr.	nt er				10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)			

## **Explanation of Responses:**

- 1. The transactions reported on this Form 4 were effected pursuant to a limit order placed by Medpace Investors, LLC ("MPI") during an open window period.
- 2. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$275.59 to \$279.52. 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. 11/27/2023 **Troendle** 

\*\* Signature of Reporting Person

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.