FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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*  Troendle August J.					2. Issuer Name and Ticker or Trading Symbol  Medpace Holdings, Inc. [ MEDP ]							Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner  Officer (give title Check Specify)					
(Last) (First) (Middle) C/O MEDPACE HOLDINGS, INC. 5375 MEDPACE WAY					3. Date of Earliest Transaction (Month/Day/Year) 09/22/2022							X Officer (give title Other (specify below)  CEO					
(Street) CINCINNATI OH 45227				4. 1	4. 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 Form filed by More than One Reporting Person					
(City)	(St	ate) (Ž	Zip)														
		Table	I - Non-Deriv	ative	Secu	rities A	cqui	red, D	isposed o	f, or E	3enefic	ially	Own	ed			
Date			2. Transaction Date (Month/Day/		Execution Date		Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			nd 5) Securit Benefic Owned		ies Fo cially (D Following (I)		vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
							Code	· v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 09/22/			09/22/20	22	2		P <sup>(1)</sup>		57,426	A	\$154.5	<b>9</b> <sup>(2)</sup>	6,483,019		I		By Medpace Investors, LLC <sup>(3)</sup>
Common Stock													806	6,643		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)		saction e (Instr.	5. Numb of Derivativ Securitie Acquired (A) or Dispose of (D) (Instr. 3, and 5)	es d	Date Exc piration onth/Da	Date Aug/Year) Se UI		Amount of Securities		Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
Evalenation				Code	e V	(A) (D	Da Ex	ite ercisabl	Expiration e Date	Title	Amount or Number of Shares						

- 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, as amended on May 3, 2022 and August 15, 2022
- 2. The reported price is a weighted average price. These shares were purchased in multiple transactions ranging from \$152.49 to \$156.06. 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. 09/23/2022 **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.