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(h)

## 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

Name and Address of Reporting Person*     Medpace Investors, LLC				2. Issuer Name and Ticker or Trading Symbol Medpace Holdings, Inc. [ MEDP ]										all app Direc		X	( 10% O	wner		
		LDINGS, INC.	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 07/06/2021										Office below	er (give title v)		Other ( below)	specify	
5375 MEDPACE WAY					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)	NATI OI	H 4	45227												X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(St	ate) (ž	Zip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye				ear) i	Execution Dat			3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			and 5) Securi		ities For icially (D) d Following (I)		m: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Code	e v	Amount	(A) or (D)	Price		Transa	nsaction(s) str. 3 and 4)			(111501.4)				
Common Stock 07/06/2					21			S <sup>(1)</sup>		4,729(1)	D	\$180.5	58 <sup>(2)</sup>	6,220,850			D			
Common Stock 07/07/20					21				S <sup>(1)</sup>		4,574 <sup>(1)</sup>	D	\$180.3	0.33(3)		6,216,276		D		
		Tal	ble II	- Derivati (e.g., pu							oosed of, convertib				Owne	d				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, :h/Day/Year)	Code (Instr.   Derivati			vative irities iired r osed ) r. 3, 4	Exp (Mo	Date Exer piration D onth/Day/		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	te ercisable	Expiration Date	Title	Amount or Number of Shares							

## **Explanation of Responses:**

- $1. \ The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on March 12, 2021.$
- 2. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$180.00 to \$181.28. 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 \$180.00 to \$180.905. 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, Authorized Signatory for Medpace Investors, LLC

07/08/2021

\*\* 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.