| SEC Form 4 |
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FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB Number: | 3235-0287 |
|--------------------|-----------|
| Estimated average | burden |
| hours per response | : 0.5 |

| to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | pursuant to Section 16(a) of the Securities Exchange Act of 1934 | Estimated average b hours per response: | | | 0 | urden 0.5 | |
|---|---|----------------|--|--|--|---------------------------|-----------|------------------------|------------------------------|------|
| | | | T lieu | or Section 30(h) of the Investment Company Act of 1940 | | | | | | |
| | 1. Name and Addres <u>Medpace Inv</u> | 1 0 | on* | 2. Issuer Name and Ticker or Trading Symbol <u>Medpace Holdings, Inc.</u> [MEDP] | (Check a | all applicabl Director | le) | Perso X | on(s) to Issuer 10% Owner | |
| | (Last) (First) C/O MEDPACE HOLDINGS, INC 5375 MEDPACE WAY | (Middle) C. | 3. Date of Earliest Transaction (Month/Day/Year) 06/23/2021 | | Officer (giv below) | /e title | | Other (speci below) | респу | |
| | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individ Line) | lual or Join | t/Group F | -iling (| (Check Applic | able |
| | (Street) CINCINNATI | ОН | 45227 | | X | | , | • | ting Person One Reporting | 3 |
| | (City) | (State) | (Zip) | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following | (I) (Instr. 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 | 06/23/2021 | S ⁽¹⁾ | | 1,837(1) | D | \$180.79 ⁽²⁾ | 6,253,370 | 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) | 4. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispo of (D | r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/) | ate | Amou Secu Unde Deriv | rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | 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 \$182.87. 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 06/25/2021 Medpace Investors, LLC ** 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.