FORM 4

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

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

ashington,	D.C.	20549	

OMB APPROVAL										
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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

1. Name and Address of Reporting Person*  Kraft Robert O.					2. Issuer Name and Ticker or Trading Symbol  Medpace Holdings, Inc. [ MEDP ]								(Ch	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Kiaiti	docit O.				<u> </u>						_	X Direct	or		10% Ov	vner				
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/17/2024								Office below	(give title		Other (s below)	specify		
C/O ME	DPACE HO	OLDINGS, INC.			4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6 1	6. Individual or Joint/Group Filing (Check Applicable						
5375 MEDPACE WAY				""	4. II Americinent, Date of Original Filed (World)								Line)							
					.										X Form filed by One Reporting Person					
(Street)																		e thar	n One Repo	rting
CINCIN	NATI O	H .	45227													Perso	n 			
,					ŀRι	ıle 1	10b5	-1(c	Tı (	ransa	acti	on Inc	dicat	tion						
(City)	(S	tate)	(Zip)		'	Rule 10b5-1(c) Transaction Indication														
(0,)	(3		()		ΙП	Check	k this bo	x to inc	dicate	that a tr	ansa	ction was i	made p	oursuan	it to a con	tract, instruct	ion or written	plan t	hat is intende	d to
							satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.					Execution Date		e, Transaction Dispo		Dispose	rities Acquired (A) o ed Of (D) (Instr. 3, 4			Benefic	es ially	Form (D) o	n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership			
					(MI		монилдаултеа		Ĺ	Code		Amount	(A) or Prid		Price	Reporte Transac	wned Following eported ransaction(s) nstr. 3 and 4)			(Instr. 4)
Common Stock																448			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
			(	(e.g., p	uts,	calls	, war	rants	s, o	ptions	s, c	onverti	ble s	secur	rities)					
Derivative   Conversion   Date   Execution Date,   Security   or Exercise   (Month/Day/Year)   if any				ansaction of			Expi	Expiration Date (Month/Day/Year) Amount Securiti Underly Derivati			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exe	e ercisable		epiration ate	Title	1	Amount or Number of Shares					
Stock Option (Right to	\$393.3	05/17/2024			A		953			(1)	05	5/17/2031	Com		953	\$0	953		D	

## **Explanation of Responses:**

1. The option vests on the earlier of (i) the day immediately preceding the date of the first annual meeting of the Issuer following the date of grant, and (ii) the first anniversary of the date of grant, subject to continued service on the board of directors of the Issuer through the vesting date.

## Remarks:

/s/ Stephen P. Ewald, Attorney-05/21/2024 in-Fact for Robert O. Kraft

\*\* 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.