FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

	Washington, D.C. 20549	
STATEMENT	OF CHANGES IN BENEFICIAL	OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person* Troendle August J. (Last) (First) (Middle) C/O MEDPACE HOLDINGS, INC. 5375 MEDPACE WAY					2. Issuer Name and Ticker or Trading Symbol Medpace Holdings, Inc. [MEDP] 3. Date of Earliest Transaction (Month/Day/Year) 12/07/2021									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director X 10% Owner X Officer (give title below) CEO						
(Street) CINCIN (City)	NATI OI	H 4	5227 Zip)			4. If Amendment, Date of Original Filed (Month/Day/Year)							,	Line) X						
1. Title of Security (Instr. 3) 2. Tra			2. Transaction	2A. Deemed Execution Date,		3. Ti	3. Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amount of Securities Beneficially Owned Follow		unt of ies :ially Following			7. Nature of Indirect Beneficial Ownership			
								c	Code V		Amount	(A) or (D)	Price		Reporte Transa (Instr. 3	ction(s)	(Instr. 4)		(Instr. 4)	
Common Stock				12/07/202	21			5	S ⁽¹⁾		18,520 ⁽¹⁾	D	\$211	.78 ⁽²⁾	5,789,404		I		By Medpace Investors, LLC ⁽³⁾	
Common Stock				12/08/202	3/2021				S ⁽¹⁾		15,871 ⁽¹⁾	D	\$212	.89(4)	5,773,533		I		By Medpace Investors, LLC ⁽³⁾	
Common	Stock														70	6,643		D		
Table II - Derivati (e.g., pu 1. Title of Derivative Security (Instr. 3) Table II - Derivati (e.g., pu 3. Transaction Date (Month/Day/Year) 3A. Deemed Execution Date, if any (Month/Day/Year)				4. 5. Numb of Code (Instr. 8) 5. Numb of Derivati Securiti Acquire (A) or Dispose		nts, mber ative ities red	6. D	ate Ex	ercisable and	7. Titl Amou Secu Unde Deriv Secu			Owner Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported	ve es ally ng d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
			Code	v	and 5	(D) sstr. 3, 4 id 5)		e ercisab	Expiration le Date	1 Title	Amou or Numb of Share	er		Transaction(s (Instr. 4)						

Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by Medpace Investors, LLC ("MPI") on November 1, 2021.
- 2. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$210.00 to \$213.80. 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.
- 4. The reported price is a weighted average price. These shares were sold in multiple transactions ranging from \$210.00 to \$214.46. 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, Attorney-in-Fact for August J. 12/09/2021 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.