FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	$D \subset$	205/10
vasiiiigtoii,	D.C.	20349

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Medpace Holdings, Inc. [MEDP]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
McCarthy Cornelius P. III				1710	wedpace moraligs, file. [MEDP]								Ι,		Director		10% Ov	vner			
(Last)	(F	irst) ((Middle)			3. Date of Earliest Transaction (Month/Day/Year) 09/30/2023									Office below	r (give title)	itle Other below		specify		
C/O MEDPACE HOLDINGS, 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														Lin	Line)						
																X Form filed by One Reporting Person					
(Street)						Form filed by More than One F Person									n One Repo	rting					
CINCINNATI OH 45227						Dulo 10hE 1(a) Transaction Indication															
(City)	/0	tate) ((Zip)		- '\'	Rule 10b5-1(c) Transaction Indication															
(City)	(3	iale)	(Zip)		ΙП	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
						Sausiy	the all	irmauve	e delens	e cona	iilioi	is of Rule	1005-1	L(C). See	e mstructi	OH 10.					
		Tabl	e I - Nor	n-Deriv	/ative	Sec	uritie	es Ac	quire	d, D	isp	osed o	of, o	r Ben	eficial	ly Owne	d				
1. Title of S	Security (Ins	tr. 3)		2. Trans	action							4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4							7. Nature		
				Date (Month/	Day/Yea	ar) if	any			Code (Instr. 5)			a Of (L	ט) (Instr	r. 3, 4 and	Benefic	ally (D)	(D) o	or Indirect	of Indirect Beneficial	
						(Month/Day/Ye		ır) 8)	_						- Reporte	d [(I) (In		Ownership (Instr. 4)		
									Co	de V		Amount		(A) or (D)	Price	Transac (Instr. 3					
Common Stock				09/30	0/2023				N	М		82	82 A		(1)	246			D		
		Ţ														/ Owned					
				(e.g., p	outs, o	calls	war	rants	s, opt	ions,	, c	onverti	ble s	secur	rities)						
Security or Exercise (Month/Day/Year) if ar				ed 4. Date, Transaction Code (Instr. 8)			n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable	Ex Da	epiration ate	Title	l c	Amount or Number of Shares						
Restricted Stock Unit	(1)	09/30/2023			M			82	(2)		(2)	Comi		82	\$0	82		D		

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of MEDP common stock.
- 2. On December 9, 2022, the Reporting Person was granted 328 restricted stock units, vesting in four equal installments on March 31, 2023, June 30, 2023, September 30, 2023, and December 31, 2023.

/s/ Stephen P. Ewald as

Attorney-in-Fact for Cornelius 10/03/2023

P. McCarthy III

** Signature of Reporting Person

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.