## FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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*     Troendle August J.						2. Issuer Name and Ticker or Trading Symbol  Medpace Holdings, Inc. [ MEDP ]									k all ap <sub>l</sub> Dire			<b>\</b> 10% (	Owner	
(Last) (First) (Middle) C/O MEDPACE HOLDINGS, INC. 5375 MEDPACE WAY						3. Date of Earliest Transaction (Month/Day/Year) 09/21/2018									X Officer (give title Other (specify below)  President & CEO					
(Street) CINCINNATI OH 45227  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - N	on-Deriv	ative	Seci	uritie	s Ac	quire	d, Di	sposed o	f, or E	3enef	cially	Own	ed				
1. Title of Security (Instr. 3)				Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Insti		red (A) o str. 3, 4	(A) or . 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o	Pric	Trans		action(s) 3 and 4)			(Instr. 4)	
Common Stock				09/21/2018					S <sup>(1)</sup>		2,713 <sup>(1)</sup>	D	\$5	8.47 <sup>(2)</sup>	9,027,814			I	By Medpace Investors, LLC <sup>(3)</sup>	
Common Stock															3!	51,851		D		
Common Stock															10,000		I	By son		
		Ta	able II								osed of, convertib				wned					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any		4. Transa Code (I 8)	saction e (Instr. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month	tion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Der Sec (Ins	Price of ivative urity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactior (Instr. 4)	,   G	LO. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## **Explanation of Responses:**

- 1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by Medpace Investors, LLC ("MPI") on August 20, 2018.
- 2. The reported price is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$58.22 to \$58.57. 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 shares 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.

/s/ Stephen P. Ewald, Attorney-09/24/2018 in-Fact for August J. 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.