FORM 4

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

Washington, D.C. 20549

STATEMENT C	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL 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 Troendle Aug	s of Reporting Person sust J.									ng Symbol			(Chec	k all app Direc	,	X	10% O	
(Last) C/O MEDPACE 5375 MEDPACE	HOLDINGS, INC.	Middle	3. Date of Earliest Tra 09/12/2022			Trans	nsaction (Month/Day/Year)					X	below	<i>ı</i> )	EEO	below)		
(Street) CINCINNATI		5227	7	4. If <i>i</i>	Amend	ment, C	oate (	of Ori	ginal Fi	iled (Month/D	ay/Year	)	6. Indi Line) X	Form	filed by Or filed by Mo	ne Repo	orting Pers	son
(City)		Zip)	lon Dorivo	tive (	200111	rition	Λ ο σ	~		ionoood a	.f or [	Panaf	ioioll	, Own				
1. Title of Security (Instr. 3) 2. Tr		2. Transaction Date (Month/Day/Yo	2A. Deemed Execution Date		3	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
						[	Code	v	Amount	(A) or (D)	Price		Transac	Reported ransaction(s) Instr. 3 and 4)			(Instr. 4)	
Common Stock			09/12/202	22				P <sup>(1)</sup>		62,515	A	\$167	2.58(2)	5,89	93,172		I	By Medpace Investors, LLC <sup>(3)</sup>
Common Stock			09/13/202	22				<b>P</b> <sup>(1)</sup>		62,516	A	\$157	1.12(4)	5,95	55,688		I	By Medpace Investors, LLC <sup>(3)</sup>
Common Stock														800	5,643		D	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of 2. 3. Transaction Security or Exercise (Month/Day/Year) if any			Deemed cution Date,	4. Transaction Code (Instr. 8)			umber 6. Exvative urities uired or cosed 0) (r. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Tit Amor Secu Unde Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Derivative Security SInstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
				Code	v	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Amou or Numb of Share	er					

## **Explanation of Responses:**

- 1. The purchases reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by Medpace Investors, LLC ("MPI") on March 17, 2022, as amended on May 3, 2022 and August
- 2. The reported price is a weighted average price. These shares were purchased in multiple transactions ranging from \$163.95 to \$168.93. 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 purchased in multiple transactions ranging from \$153.65 to \$163.66. 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. 09/14/2022 **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.