FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | e conditions of ee Instruction 1 | | | | | | | | | | | | | | | | | | |
|--|---|---------|--------------|--|---|--|-------------|---|------------------------|---------|---|---|-------------|--|--|--------------------|--------------------------------------|---|----|
| Name and Address of Reporting Person* O'Kelley Charles Brian | | | | | 2. Issuer Name and Ticker or Trading Symbol LiveRamp Holdings, Inc. [RAMP] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
| <u> </u> | | | | | | | | | | | | | | 1 | - | | | 10% Ov | |
| (Last) (First) (Middle) LIVERAMP HOLDINGS, INC. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/14/2024 | | | | | | | • | below | er (give title v) | | Other (s below) | specify | | |
| 225 BUSH STREET, 17TH FLOOR | | | | | | | | | | | | | | | | | | | |
| (Street) SAN FRANCI | SCO CA | Λ 9 | 4104 | | 4. If <i>F</i> | Amend | ment, | Date of | f Original | I Filed | I (Month/Da | y/Year |) | 6. Inc Line) | Form | filed by On | e Rep | ng (Check A porting Perso an One Repo | on |
| (City) | (St | ate) (2 | <u>Z</u> ip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secui | rities | Acq | uired, | Disp | osed of | or E | Benef | iciall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution | | cution y | Date, | | | es Acquired (A) Of (D) (Instr. 3, | | | | ties cially Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) (D) | or P | Price Repo | | action(s) 3 and 4) | | | (Instr. 4) | |
| COMMON STOCK, \$.10 PAR VALUE 11/14/. | | | | | /2024 | | | | A 2,022 ⁽¹⁾ | |) A \$0 | | 9,622 | | | D | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | titve Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any | | | saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | nt | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | of Share | s | | | | | |

Explanation of Responses:

1. These shares were issued to the reporting person as part of his compensation for service as a director of the registrant.

/s/ BY: JERRY C. JONES, **ATTORNEY-IN-FACT FOR:** 11/15/2024 **CHARLES BRIAN O'KELLEY**

** 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.