FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 | |
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| STATEMENT | OF CHANGI | ES IN BENEF | FICIAL OWI | NERSHIP |
|------------------|------------------|-------------|------------|---------|

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per respons | e: 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* <u>JONES JERRY C</u> | Liva Dom | | | | ssuer Name and Ticker or Trading Symbol veRamp Holdings, Inc. [RAMP] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (appelif | | | | | ner |
|--|----------|--|-------|-------------------------------------|---|--------------|-------------|--|---------------|---|---|---|--------------|--|--|---------------|
| (Last) (First) (Middle) LIVERAMP HOLDINGS, INC. | | 3. Date of Earliest Transaction (Month/Day/Year) 11/22/2023 | | | | | | X Officer (give title Other (specify below) below) CHIEF ETHICS & LEGAL OFFICER | | | | | | | | |
| 225 BUSH STREET, 17TH FLOOR | _ 4 | 1. If A | mendr | ment, D | ate o | of Orig | ginal F | iled (Month/D | ay/Yea | | . Individual or ine) X Form | | Group Filion | • | | · |
| (Street) SAN FRANCISCO CA 94104 | | | - 40 | L F 4 | <i>(-</i>) | | | -Cl | -1' 1' | | Form Perso | | More that | an One | Repoi | rting |
| (City) (State) (Zip) | - t | Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In | | | | rsuant to a | | | | | | | | | | |
| Table I - Non-De | ivativ | ve S | ecur | ities | Acq | uire | ed, D | isposed o | of, or l | Benefic | ially Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | Execution Date, | | T C | | | Disposed Of | Acquired (A) or (D) (Instr. 3, 4 and | | Beneficially Owned Following | | | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | С | ode | v | Amount | (A) or (D) | Price | Reported Transaction (Instr. 3 and | | (Instr. 4) | | (Instr. | 4) |
| COMMON STOCK, \$.10 PAR VALUE 11/22/ | 2023 | | | | | F | | 200(1) | D | \$34.12 | 181,4 | 72 | D | | | |
| COMMON STOCK, \$.10 PAR VALUE 11/22 | 2023 | | | | | F | | 474(1) | D | \$34.12 | 180,99 | 98 | D | | | |
| COMMON STOCK, \$.10 PAR VALUE | | | | | | | | | | | 5,396.8 | 796 | I | | | NAGED OUNT |
| COMMON STOCK, \$.10 PAR VALUE | | | | | | | | | | | 3,494.7 | 296 | I | | | NAGED OUNT |
| 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) 2. Conversion or Exercise Price of Derivative Security (Instr. 3) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) | Co | Transaction of Code (Instr. Derivation | | tive ities red sed 3, 4 | Expiration ve (Month/Day es d | | | and 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Derivative Security (Instr. 5) str. Derivative Security | | rities Form Directed or Indexended (I) (Inserted section(s) | | (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Co | ode | v | (A) | (D) | Date Exer | rcisabl | Expiration Date | 1 Title | or Number of Shares | | | | | | |

Explanation of Responses:

1. These shares were withheld by the Issuer to satisfy the reporting person's tax obligations that arose on November 22, 2023, when restricted stock units belonging to the reporting person vested.

/s/ Jerry C. Jones

11/27/2023

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).