FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL									
	OMB Number:	3235-0287								
l	Estimated average burden									
l	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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*     Dillard Lauren R						2. Issuer Name <b>and</b> Ticker or Trading Symbol LiveRamp Holdings, Inc. [ RAMP ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specif					
(Last)  LIVERA	t) (First) (Middle) ERAMP HOLDINGS, INC.						3. Date of Earliest Transaction (Month/Day/Year) 05/17/2023								belov	v) ``		below)  Interim C	·
225 BUSH STREET, 17TH FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) SAN FRANCE	•													X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(St	ate) (Z	Zip)		Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or writ satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								itten p	lan that is int	ended to				
		Table	l - No	n-Deriva	tive S	ecur	ities	Acq	uired,	Disp	oosed of	, or	Bene	eficial	ly Owr	ned			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)					Execution Date,		Oate,	Transaction Disposed Of (Disposed Of (Dispos			es Acquired (A) or Of (D) (Instr. 3, 4 ar					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A (D	() or ()	Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			` ,	
COMMON STOCK, \$.10 PAR VALUE 05/17/2						2023			A		25,105 <sup>(</sup>	5 <sup>(1)</sup> A		\$ <mark>0</mark>	137,058			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)	ative Conversion Date Execution Date, if any			4. Transaction Code (Instr. 8)		5. Numl of Deriv Secu Acqu (A) o Dispo of (D) (Instrand 5	rative rities iired r osed )	6. Date E Expiration (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (Ir	Price of crivative curity estr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code V		(A)	(D)			Expiration Date	Title	Amo or Num of Shar	ber					

## **Explanation of Responses:**

1. These restricted stock units ("RSUs") are granted pursuant to the registrant's 2005 Equity Compensation Plan (the "Plan"). Each RSU represents a contingent right to receive one share of the registrant's common stock. Vesting will take place over three years from the date of grant, with 1/3 of the shares scheduled to vest on May 22, 2024, and the remainder vesting in equal quarterly amounts thereafter on the 22nd day of the applicable month until 100% vested, contingent upon the recipient's continued employment with the registrant.

/s/ By: Catherine L. Hughes,

Attorney-in-Fact For: Lauren 05/19/2023

R. Dillard

\*\* 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.