FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT (OF CHANGE	S IN BENEFICIA	L OWNERSHIP

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

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 $\stackrel{\star}{}$ Howe Scott $\stackrel{\cdot}{E}$						2. Issuer Name and Ticker or Trading Symbol LiveRamp Holdings, Inc. [RAMP]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					er
(Last) (First) (Middle) LIVERAMP HOLDINGS, INC.					3. Date of Earliest Transaction (Month/Day/Year) 05/09/2024								X Officer (give title Other (specify below) CHIEF EXECUTIVE OFFICER						
225 BUSH STREET, 17TH FLOOR					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Ir Line	idividual or Jo	oint/Gro	oup Filing	(Check /	Applic	able
(Street) SAN FRANCI	ISCO C	A	94104											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	State)	(Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a complete affirmative defense conditions of Rule 10b5-1(c). See Instruction 1								contract, instruction or written plan that is intended to satisfy 10.					
		Та	ble I - N	lon-De	rivati	ve Se	ecur	ities A	cquire	d, D	isposed o	f, or Be	neficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transc Date (Month/L			Execution Date,				Acquired (A) or f (D) (Instr. 3, 4 and 5)		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	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
COMMO	N STOCK,	, \$.10 PAR VAL	UE	05/09	/2024	24		М		154,596	A	\$21.17	1,040,053		D				
COMMON STOCK, \$.10 PAR VALUE 05/09/20				/2024				F		125,397(1)	D	\$32.7	914,65	6	D				
COMMON STOCK, \$.10 PAR VALUE														3,148.01	13	I	1	ACC	NAGED OUNT
			Table I								posed of, , converti			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				Expira			7. Title an of Securit Underlyin Derivative (Instr. 3 an	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	hip D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	e V (4		(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)				
Non- Qualified Stock Option (right to	\$21.17	05/09/2024			M			154,596	Common Stock, \$.10 Par Value 154,596 \$0		\$0		0 D						

Explanation of Responses:

- 1. These shares were withheld by the issuer to satisfy the reporting person's exercise cost and tax obligations that arose on May 9, 2024, when the reporting person exercised stock options.
- 2. These non-qualified stock options vested incrementally over four years beginning May 20, 2015, with 25% of the total becoming vested on that date and 25% each 12 months thereafter until 100% vested. The options will expire on May 20, 2024.

BY: JERRY C. JONES, **ATTORNEY-IN-FACT FOR:** 05/10/2024 SCOTT E. HOWE

** 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.