FORM 4

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

Washington, D.C. 20549	
------------------------	--

**OMB APPROVAL** 

OMB Number:	3235-0287
Estimated average bu	rden
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).

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 defense conditions of Rule 10b5-

## 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

1(c). S	ee Instruction 1	0.																				
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								
Dilaid Eduleii K					1											rector	ive title					
(F. ) (F. )														-	Officer (give title Other (sperbelow) below)				specify			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/14/2025									CHIEF FINANCIAL OFFICER							
LIVERAMP HOLDINGS, INC.						01/14/2023																
225 BUS																						
					4. If Amendment, Date of Original Filed (Month/Day/Year)									6.	6. Individual or Joint/Group Filing (Check Applicable							
(Street)					1	]										Line)						
SAN	CA CA	9	4104		1												•		orting Pers			
FRANCI	SCO				1											orm filed erson	d by Mor	re thai	n One Rep	orting		
,					1																	
(City)	(St	ate) (Z	Zip)																			
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally O	vned						
1. Title of	Security (Inst	tr. 3)		2. Transac					3.	3. 4. Securities Acquired (A)						ties For		rm: Direct	7. Nature of Indirect Beneficial			
				Date (Month/Da	Execution Date, y/Year) if any			Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)			3, 4 a		curities neficially									
				ļ ·	(Month/Day/Year)			8)						ned Fol				Ownership (Instr. 4)				
								Code V Amount		(A (D	A) or D)	Price	Tra	nsactio	action(s) . 3 and 4)			(moa. 4)				
COMMON STOCK, \$.10 PAR VALUE 01/14/2						2025					1,751(1)		D	\$29.	91	229,100			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
											onvertib											
1. Title of Derivative Security (Instr. 3)	erivative   Conversion   Date   Execution Date, curity   or Exercise   (Month/Day/Year)   if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Expirat (Month		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		f g	8. Price Derivati Security (Instr. 5	rative derivativ		,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					Code V		(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour 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 January 14, 2025, when restricted stock units belonging to the reporting person vested.

/s/ BY: JERRY C. JONES,

ATTORNEY-IN-FACT FOR: 01/15/2025

LAUREN 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.