SEC Form 4	
FORM	4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)
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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average	burden						

Estimated average burden hours per response: 0.5

T(c). See Instru	cuon to.								
1. Name and Address of Reporting Ferson			2. Issuer Name and Ticker or Trading Symbol LiveRamp Holdings, Inc. [RAMP]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Sharma Vihan</u>			<u>Erverkamp Holdings, me.</u> [KAMF]	Ľ	Director	10% Owner			
				1	Officer (give title below)	Other (specify below)			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/22/2024		CHIEF REVENUE	OFFICER			
LIVERAMP H	OLDINGS, INC.		08/22/2024						
225 BUSH STR	REET, 17TH FLO	OR							
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filin	g (Check Applicable			
SAN	СА	94104			Form filed by One Rep	orting Person			
FRANCISCO	CA	7117			Form filed by More tha Person	n One Reporting			
(City)	(State)	(Zip)							
i			*						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
COMMON STOCK, \$.10 PAR VALUE	08/22/2024		F		1,449(1)	D	\$25.38	164,955	D	
COMMON STOCK, \$.10 PAR VALUE	08/22/2024		F		695 ⁽¹⁾	D	\$25.38	164,260	D	
COMMON STOCK, \$.10 PAR VALUE	08/22/2024		F		1,043(1)	D	\$25.38	163,217	D	
COMMON STOCK, \$.10 PAR VALUE	08/22/2024		F		2,179 ⁽¹⁾	D	\$25.38	161,038	D	

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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	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		5. Number 6. Date ransaction of Expirat ode (Instr. Derivative (Month			Expiration Dat	e	Amount of			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)
											Amount				

Date

Exercisable

Expiration

Date

Explanation of Responses:

1. These shares were withheld by the Issuer to satisfy the reporting person's tax obligations that arose on August 22, 2024, when restricted stock units belonging to the reporting person vested.

(D)

(A)

/s/ BY: JERRY C. JONES, ATTORNEY-IN-FACT FOR: 08/23/2024 VIHAN SHARMA

Number

Shares

Title

** 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).

Code V

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.