FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response | . 05 | | | | | | | | |

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

| Name and Address of Reporting Person* Gupta Anneka R. | | | | | | 2. Issuer Name and Ticker or Trading Symbol LiveRamp Holdings, Inc. [RAMP] | | | | | | | | Check all app Direct Office | licable) tor er (give | | | | ner |
|---|--|---------|-------|------------------------------|---|---|--|--|------|--|---|---|---|-----------------------------------|--|---|---|--|-----|
| | (Last) (First) (Middle) LIVERAMP HOLDINGS, INC. 225 BUSH STREET, 17TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/22/2020 | | | | | | | | PRES.& HEAD- PRODUCTS&PLATFORMS | | | | | |
| (Street) SAN FRANCI | · | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - N | lon-Deriva | tive S | Secui | rities | Ac | quir | | | | | ally Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye | | | | ear) if | 2A. Deemed Execution Date, if any (Month/Day/Year) | | , | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar 5) | | | 5. Amount of Securities Beneficially Owned Followin | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | [| Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (111511.4) | | (iiisti. | " , | |
| COMMON STOCK, \$.10 PAR VALUE 08/22/202 | | | | | 20 | | | | F | П | 520 ⁽¹⁾ | D | \$50.76 | 286,650 | | D | | | |
| COMMON STOCK, \$.10 PAR VALUE 08/22/2020 | | | | 20 | | | | F | | 408(1) | D | \$50.76 | 286,242 | | D | | | | |
| COMMON STOCK, \$.10 PAR VALUE | | | | | | | | | | | | | 1,423.1433 | | I | | BY MANAGED ACCOUNT 1 | | |
| | 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) | f 2. 3. Transaction 3A. Deemed | | | 4. Transa Code (8) | action | 5. Nur of Derive Secur Acqui (A) or Dispo of (D) (Instr. and 5 | mber ative rities ired sed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Tit Amo Secu Unde Deriv Secu 3 and | le and unt of rities ritying rative rity (Instr. I 4) | 8. Price of Derivative Security (Instr. 5) Benefi Ownec Follow Report | | ities Form licially Directory d or Inctifuted action(s) | | ship (D) rect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | | e ercisable | Expiration Date | Title | or Number of | | | | | | |

Explanation of Responses:

1. These shares were withheld by the Issuer to satisfy the reporting person's tax obligations that arose on August 22, 2020, when restricted stock units belonging to the reporting person vested.

/s/ By: Catherine L. Hughes, Attorney-in-Fact For: Anneka 08/25/2020 R. Gupta

** 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.