FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, E	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

	tion 1(b).	1140. 000		Filed	pursua or Se	ant to S ection 3	ection 80(h) o	16(a) f the li	of the S	Securit ent Co	ies Exchange mpany Act of	e Act of f 1940	f 1934			nours	per respon	iise.	0.5
1. Name and Address of Reporting Person* <u>Hussain Mohsin</u>					2. Issuer Name and Ticker or Trading Symbol LiveRamp Holdings, Inc. [RAMP]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	,	rst) (I	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/15/2024								X	below	,		Other (spe below) LOGY OFFICE		
225 BUSH STREET, 17TH FLOOR					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						
(Street) SAN FRANCI	•													Form filed by More than One Reporting Person					
(City)			Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
1 Title of 9	Pagurity (Inc		I - No	n-Deriva			rities eemed		uired	, Dis	posed of				Own		6. Owne	rehin	7. Nature
Date				Date	Date Exec (Month/Day/Year) if any		Execution Date, if any (Month/Day/Year)		Transaction		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Securities Beneficially Owned Following		Form: Direct (D) or Indirect (I) (Instr. 4)	irect direct 4)	of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or Pric	е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
COMMO	N STOCK	, \$.10 PAR VAL	UE	02/15/2	024				S		12,480(1)	D	\$3	\$37.27 80,753 D					
COMMO	N STOCK	, \$.10 PAR VAL	UE	02/19/2	024				F		304(2)	D	\$3	\$36.52 80,449 D					
		Tal	ble II ·								osed of, c				Owned	d			
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerc Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		Der Sec (Ins	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	m: ect (D) ndirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares	er					

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$37.15 to \$37.39, inclusive. The reporting person undertakes to provide to the Issuer, any security holder of the Issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price
- 2. These shares were withheld by the Issuer to satisfy the reporting person's tax obligations that arose on February 19, 2024, when restricted stock units belonging to the reporting person vested.

/s/ By: Jerry C. Jones,

Attorney-In-Fact for: Mohsin 02/21/2024

Hussain

** 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.