| SEC Form 4 | |
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Instruction 1(b).

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, D.C. 20549

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | |
| hours per response | : 0.5 | | | | | | | |

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* CHOW VIVIAN | | on [*] | 2. Issuer Name and Ticker or Trading Symbol LiveRamp Holdings, Inc. [RAMP] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
|---|-----------------------|-----------------|--|--|------------------------------------|-----------------------|--|--|--|--|
| | | | | . X | Director | 10% Owner | | | | |
| (Last) | ast) (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2024 | | Officer (give title below) | Other (specify below) | | | | |
| LIVERAMP HOLDINGS, INC. | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | (Check Applicable | | | | | | |
| 225 BUSH STREET, 17TH FLOOR | | OR | | Line) | | | | | | |
| | | | | X | Form filed by One Reporting Person | | | | | |
| (Street) SAN | | | | | Form filed by More than Person | One Reporting | | | | |
| FRANCISCO CA 94104 | | | Rule 10b5-1(c) Transaction Indication | | | | | | | |
| (City) | (State) | (Zip) | 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. | | | | | | | |

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) | Transaction Code (Instr. | | | | | Securities Beneficially | 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) | | (11150.4) |
| COMMON STOCK, \$.10 PAR VALUE | 02/13/2024 | | A | | 1,085(1) | Α | \$ <mark>0</mark> | 17,622 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | (0 / 1 | , | | | | | | | | <u>.</u> | - | | |
|---|---|--|---|------------------------------|---|--------|-----|--|-------------------------|-------|---|--|-------|--|--|
| 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) | | of Exp | | 6. Date Exerc Expiration Da (Month/Day/N | Amount of Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Form: | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. These shares were issued to the reporting person as part of her compensation for service as a director of the registrant.

/s/ BY: JERRY C. JONES,

ATTORNEY-IN-FACT FOR: 02/14/2024

VIVIAN CHOW

** 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.