FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, | D.C. 20549 | |
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| Check this box if no longer subject |
|-------------------------------------|
| to Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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* FOLEY WILLIAM P II | | | | | | 2. Issuer Name and Ticker or Trading Symbol Dun & Bradstreet Holdings, Inc. [DNB] | | | | | | | | | all app | tor | ng Pers | 10% O | wner |
|--|---|---------|---|-----------|---|--|---|---|--------------------|-----------------------------|--|---|-----------------------|---|-----------------------|--|--|---|--|
| (Last) (First) (Middle) 5335 GATE PARKWAY | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/10/2024 | | | | | | | | | Officer (give title below) Executive | | Other (s below) e Chairman | | specify | |
| (Street) JACKSONVILLE FL 32256 | | | | | 4. If <i>i</i> | | | | | | | 6. Indiv ine) X | , | | | | | | |
| (City) | (St | ate) (2 | 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. | | | | | | | | | | | | | | | | |
| | | Table | I - No | on-Deriva | tive S | Secu | rities | Acc | quirec | d, Dis | sposed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) | | | 2. Transacti Date (Month/Day | · | Execu if any | A. Deemed execution Date, fany Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | Acquired (A) ((D) (Instr. 3, 4 | | and 5) Secur Benef | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | Price | | Transa | ction(s) 3 and 4) | | | (ou. 4) |
| Common Stock | | | 03/10/2024 | | | | F | | 13,240 | D | \$10 |).44 | 4 2,412,609 | |] 1 | D | | | |
| Common | Stock | | | 03/11/20 | 024 | | | | A | | 57,417(1) | A | \$0.0 | 0000 | 0 2,470,026 D | | | | |
| Common | Stock | | | | | | | | | | | | | | 10,609,644 I | | | | By Bilcar, LLC |
| | | Tal | ole II | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Security 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) | | Expira | e Exer ation D h/Day/ | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | 8. Price Derivat Securit (Instr. 5 | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owi Fori Dire or li (I) (I | 0. Dwnership orm: Direct (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | (A) | (D) | Date Exercisab | | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |

Explanation of Responses:

1. Grant of restricted common stock vesting 100% on the first anniversary of the date of grant.

/s/ Colleen E. Haley, Attorney-03/1<u>2/2024</u> in-Fact

** 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.