FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

KILIEO	AND EXCHANGE	COMINISSIC
\	D 0 00540	

OMB APPROVAL

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See 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 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1(0). 0	ee mstruction	10.																		
1. Name and Address of Reporting Person* Baxter Ralph					2. Issuer Name and Ticker or Trading Symbol Intapp, Inc. [INTA]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Baxter Kaipii														✓ Dire	ector	10% Owner		vner		
(Last) C/O INT	(F APP, INC	,	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/13/2024									Offi belo	cer (give title ow)		Other (s below)	specify	
3101 PARK BLVD				_																
				4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)																m filed by Or	e Repor	rting Perso	on	
PALO A	LTO C	A 9	94306												For	m filed by Mo	ore than	One Repo	orting	
															Per	son				
(City)	(5	State) (2	Zip)																	
		Table	l - Noi	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	efici	ally Ow	ned				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Execution Date,		Date,	Transaction Disposed Of Code (Instr. 5)			ies Acquired (A) Of (D) (Instr. 3,			nd Secu Bene	ficially ed Following	6. Own Form: I (D) or I (I) (Inst	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A (C	A) or D)	Price	Trans	action(s) 3 and 4)			(mou. 4)	
Common Stock 11/13/2					/2024				Α		3,817		A S		9,441		I	D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
				(e.g., pı	ıts, ca	alls, v	warra	ants,	optior	ıs, c	onvertib	le s	ecur	ities)					
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, Curity or Exercise (Month/Day/Year) if any				Transaction Code (Instr. I)		rative irities iired r osed	Expiration Day/Month/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Day/Month/Month/Day/Month/Month/Day/Month/Day/Month/Month/Day/Month/Month/Day/Month/Mon		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)		f g	8. Price of Derivative Security (Instr. 5)		ly Or Or Or (I)	D. wnership orm: irect (D) r Indirect) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
	Code		Code	v	(A)		Date Exercis	able	Expiration Date	Title	or Nui of	ount mber ares								

Explanation of Responses:

1. The reported transaction involved the reporting person's receipt of a grant of restricted share units under the Intapp, Inc. 2021 Omnibus Incentive Plan. Each restricted share unit represents a contingent right to receive one share of Intapp, Inc. common stock.

/s/ Brian Grube, Attorney-in-

11/15/2024

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.