FORM 4

UNITED

Washington, D.C. 20549

D STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL

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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).

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Harrison David Benjamin				2. Issuer Name and Ticker or Trading Symbol Intapp, Inc. [INTA]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify)							
(Last) (First) (Middle) C/O INTAPP, INC. 3101 PARK BLVD (Street)					3. Date of Earliest Transaction (Month/Day/Year) 11/19/2024 4. If Amendment, Date of Original Filed (Month/Day/Year)									Officer (give title below) President, Industries 6. Individual or Joint/Group Filing (Check Applicable Line)					
PALO A (City)			94306 (Zip)		Form filed by One Reporting Person Form filed by More than One Reporting Person														
		Tab	le I - Nor	n-Deriv	ative	e Se	curit	ies Acc	quired,	Dis	posed o	of, or Be	eneficia	Ily Owne	d				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year		e, Transaction Dispo		Dispose	curities Acquired (A esed Of (D) (Instr. 3,		Benefic	ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) c	Price	Transac (Instr. 3	ction(s)		- [(IIISU: 4)	
Common Stock 11/19)/2024			Α		41,78	'80 A		1) 41	41,780		D			
Common Stock			11/20	20/2024				M ⁽²⁾		2,891 A		\$(44,671		D				
		7										, or Ben ble sec		y Owned					
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transa			n of E		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	: t (D) direct	11. Natur of Indired Beneficia Ownersh (Instr. 4)	
									Date		xpiration ate	Title	Amount or Number of	1					
					Code	v	(A)		Exercisat		ate	Title	Shares						

Explanation of Responses:

- 1. The shares of Intapp, Inc.'s (the "Issuer") common stock reported in this Form 4 represent shares earned, as certified by the audit committee of the board of directors of the Issuer on November 19, 2024, based on the level of achievement of the applicable performance conditions over the applicable performance period, in respect of performance share units granted pursuant to the Intapp, Inc. 2021 Omnibus Incentive Plan. The earned shares of Issuer common stock reported in this Form 4 are subject to service-based vesting requirements that lapsed on November 20, 2024.
- 2. The reported transaction involved a restricted share unit ("RSU") vesting on November 20, 2024.
- 3. Each RSU represents a contingent right to receive one share of Intapp, Inc. common stock
- 4. The RSUs vest, subject to continued employment, as to 8.33% of the shares on November 20, 2024, and in 11 equal quarterly installments thereafter.

/s/ Brian Grube, Attorney-in-11/21/2024 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.