FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

| OMB APPROVAL | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours nor rosponso: | | | | | | | | | |

| to Section 16. Form 4 or Form 5 | |
|---------------------------------|---|
| obligations may continue. See | |
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 193 |
| | or Section 30(h) of the Investment Company Act of 1940 |

| 1. Name and Address of Reporting Person* MORAN CHARLES E | | | | 2. Issuer Name and Ticker or Trading Symbol Intapp, Inc. [INTA] | | | | | | | | | k all app Direc | licable) tor | ng Person(s) to Is: 10% Ov | | wner | | |
|---|---|---------|----------|--|-------------------------|---|---|-------------------------------------|------------------|------|--|--|---|---|--|---|------|--|------------|
| (Last) | Last) (First) (Middle) C/O INTAPP, INC | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/16/2021 | | | | | | | | Office below | er (give title v) | | Other (s below) | specify |
| 3101 PARK BLVD | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| (Street) | | | | | | | | | | | | | Line) | Line) | | | | | |
| PALO A | LTO CA | A 9 | 4306 | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | า-Deriva | tive S | Secu | rities | Acq | uired, | Dis | osed of | , or E | Bene | ficially | / Own | ed | | | |
| Date | | | | 2. Transad Date (Month/Da | Exec Day/Year) if an | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (AD Disposed Of (D) (Instr. 35) | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | rice | Transa | Transaction(s) (Instr. 3 and 4) | | | (111501.4) |
| Common Stock 11/1 | | | | 11/16/ | /2021 | | A | | 7,092 | I | A | \$ <mark>0</mark> (1) | 307,092 | | D | | | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | . Title of 2. 3. Transaction Date Execution Date, if any or Exercise (Month/Day/Year) | | on Date, | Transaction Code (Instr. 8) Sec Acc (A) Disj of (i | | of Deriv Secu Acqu (A) o Disp of (D | vative urities uired or osed) r. 3, 4 | 6. Date I Expiration (Month/I | on Da | | | int of rities rlying ative rity (Ins | De Se (In: | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amor or Numl of Share | per | | | | | |

Explanation of Responses:

1. Subject to restricted share units granted pursuant to 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/ Steven Todd, Attorney-in-

<u>Fact</u>

** Signature of Reporting Person Date

02/10/2022

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.