FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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 10b5-1(c). See Instruction 10.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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					
(Last) (First) (Middle) C/O INTAPP, INC. 3101 PARK BLVD				1	3. Date of Earliest Transaction (Month/Day/Year) 11/22/2024 4. If Amendment, Date of Original Filed (Month/Day/Year)								Officer (give title Other (specify below) President, Industries 6. Individual or Joint/Group Filing (Check Applicable					
(Street) PALO A	4306										Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St		Zip)															
1 Title of	Socurity (Inc		1 - Non-Deriv		ZA. Deei		Acqui	red, L	_	-	-		cially	1	ed ount of	6 Ov	vnership	7. Nature
Da				Date (Month/Day/Year)		Execution Date,		Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			1 5)	Securities Beneficially Owned Following		Form (D) or Indire	Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership
							Code	v	An	nount	(A) or (D)	Price			ted action(s) 3 and 4)	(Instr	r. 4)	(Instr. 4)
Common Stock 11/22/2024)24	1		S ⁽¹⁾	S ⁽¹⁾		2,082	D	\$59.6617(2)		24,845		D		
Common Stock 11/22/2024)24	4					2,472	D	\$60.23	352 ⁽²⁾	2	22,373		D	
		Та	ble II - Deriva (e.g., p		Securi , calls,									Owne	d			
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	Co	ansaction ode (Instr.	5. Num of Derivat Securit Acquir (A) or Dispos of (D) (Instr. 3 and 5)	ive ies ed	Expiration Date (Month/Day/Year)				tle and unt of irities erlying vative irity (Instr d 4)	Der Sec (Ins	rice of ivative urity tr. 5)	tive derivative ty Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownersh (Instr. 4)	
						\top					1	Amoun	t					

Explanation of Responses:

1. Shares of Intapp, Inc.'s (the "Company") common stock sold for tax liability incurred upon the vesting of performance share units and restricted share units granted pursuant to the Intapp, Inc. 2021 Omnibus Incentive Plan. Shares were sold pursuant to a 10b5-1 plan put in place by the Company on June 10, 2024.

(D)

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from (a) with respect to the weighted average price of \$59.6617: \$59.16 to \$59.998, inclusive, and (b) with respect to the weighted average price of \$60.2352: \$60.00 to \$60.74, inclusive. The reporting person undertakes to provide to Intapp, Inc., any security holder of Intapp, Inc. or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth in this footnote (2).

Exercisable

Date

/s/ Brian Grube, Attorney-in-

Number

Shares

Title

11/26/2024

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).

Code

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.