SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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). |
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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 [*] Baxter Ralph | | | | er Name and Ticke <u>pp, Inc.</u> [INTA | | Symbol | | ionship of Reporting Person(s) to Iss all applicable) Director 10% Ow | | |
|--|---------|----------|----------|--|-------------------|--|------------------------|---|------------------------------|--|
| (Last) | (First) | (Middle) | | e of Earliest Transa /2023 | ction (Month/I | Day/Year) | | Officer (give title below) | Other below | (specify) |
| C/O INTAPP, II 3101 PARK BL | | | 4. If Ar | nendment, Date of | Original Filed | (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Grou Form filed by On | | |
| (Street) PALO ALTO | СА | 94306 | | | | | Λ | Form filed by Mo Person | | |
| | | | Rule | e 10b5-1(c) ⁻ | Transact | ion Indication | , | | | |
| (City) | (State) | (Zip) | | 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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | |
| 1. Title of Security (Instr. 3) Date (Month/Da | | | | 2A. Deemed Execution Date, if any | 3. Transaction | 4. Securities Acquired (A Disposed Of (D) (Instr. 3 | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct | 7. Nature of Indirect Beneficial |

| | (Month/Day/Tear) | (Month/Day/Year) | 8) | mou. | | | | Owned Following Reported | (I) (Instr. 4) | Ownership (Instr. 4) |
|--------------|------------------|------------------|------|------|--------|---------------|---------------------------|------------------------------------|----------------|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 11/14/2023 | | Α | | 5,624 | Α | \$0 ⁽¹⁾ | 5,624 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| | | | | | | | | | | | | · | | | |
|---|---|--|---|------------------------------|---|---|-----|-------------------------|--------------------|---|--|----------------------------------|--|--|--|
| 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) | 4. Transa Code (8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Amount of Securities | | Amount of Securities Security (Instr. 5) Derivative Security (Instr. 5) | | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

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.

| <u>/s/ Br</u> | ian (| <u>Grube,</u> | Atto | orney-i | <u>n-</u> | 11/16/202 | 12 |
|---------------|-------|---------------|------|---------|-----------|-----------|----|
| Fact | | | | | | 11/10/202 | 23 |
| | | <i>.</i> – | | _ | | | |

** 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.