Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT | OF CHANGES IN | I BENEFICIAL | OWNERSHIP |
|-----------|---------------|--------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-028 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

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* <u>Tandon Kalyani</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Intapp, Inc. [INTA] | | | | | | eck all applic Directo | r 10% Owner | | vner | | |
|--|------------------|------------|--|---|---|--|---------------------|---|--|---|--|--|----------------|----------------------------------|--|
| (Last) | (Fi APP, INC. | rst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 08/31/2023 | | | | | | | Chief Accounting Officer Officer (give title below) Chief Accounting Officer | | | |
| 3101 PARK BLVD | | | | 4. 1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) PALO A | LTO C | A | 94306 | | | | | | | | | | led by More th | eporting Person nan One Repon | |
| (City) | (Si | ate) | (Zip) | R | ule 1 | L0b5-1 | 1(c) | Transac | ction Ind | ication | | | | | |
| Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See In | | | | | | | | n or written pla | n that is intended | I to | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| Date | | | Transaction ate lonth/Day/Ye | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | and Securities Beneficially Owned Followin | | orm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | Code V | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any | | Code (| ransaction of I code (Instr. Derivative (| | 6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4 | | es g Security | 8. Price of Derivative Security (Instr. 5) | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Restricted Share Units | (1) | 08/31/2023 | | A ⁽¹⁾ | | 10,000 | | (2) | (2) | Common Stock | 10,000 | \$0 | 10,000 | D | |

Explanation of Responses:

- 1. The reported transaction involved the reporting person's receipt of a grant of restricted share units ("RSUs") under the Intapp, Inc. 2021 Omnibus Incentive Plan. Each RSU represents a contingent right to receive one share of Intapp, Inc. common stock.
- 2. The RSUs vest, subject to continued employment, on July 1, 2024.

/s/ Brian Grube, Attorney-in-

** Signature of Reporting Person

Date

09/05/2023

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.