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 per response: 0.5										

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

Name and Address of Reporting Person*     Fitzgerald Scott						2. Issuer Name and Ticker or Trading Symbol Intapp, Inc. [ INTA ]								Check	all app Direc	onship of Reportin Il applicable) Director Officer (give title		rson(s) to Is 10% O Other (	wner	
(Last) (First) (Middle) C/O INTAPP, INC. 3101 PARK BLVD						3. Date of Earliest Transaction (Month/Day/Year) 11/23/2022								X	below		eting	below)		
(Street) PALO A (City)	LTO C		4306 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Indiv ine) X	·					
		Table	I - N	on-Deriva	tive S	Secui	rities	Ac	quired	d, Dis	sposed of	, or E	Benefic	ially	Own	ed				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y						Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				and 5) Secui Bene		cially I Following	Forn (D) c	n: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	Amount			(A) or (D)	Price		Transa	action(s) 3 and 4)			(					
Common Stock 11/23/202					022		S		3,447	D	\$21.9	.9625		5,344		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)	vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any				ansaction of United Health of Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)		nt			Ownersh Form: y Direct (D) or Indirect (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)			
					Code	v	(A)	(D)		isable	Date	Title	Shares							

**Explanation of Responses:** 

/s/ Brian Grube, Attorney-in-

**Fact** 

11/28/2022 \*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.