Check this b

to Section 1

Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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oox if no longer subject	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
6. Form 4 or Form 5	
nav continue. See	

OMB APPROVAL 3235-0287 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* Gil Alexis II					2. Issuer Name and Ticker or Trading Symbol INTEGRAL AD SCIENCE HOLDING CORP. [IAS]								heck	all app Direc	licable)	ng Per	rson(s) to Is 10% Ov Other (s		
(Last)	(Fii EGRAL Al	rst) (M D SCIENCE HO	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/04/2024									X	below		ınting	below)	
12 E. 49TH STREET, 20TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)														X Form filed by One Reporting Person Form filed by More than One Reporting					
NEW YO	ORK NY	<i>I</i> 1	0017			Person									<u>'</u>				
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication													
						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 - No	on-Deriva	tive S	Secui	rities	Acc	quired	l, Dis	posed of	, or B	enefici	ally	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day)				//Year) Execut		Deemed cution Date, y nth/Day/Year)				Acquired (A) of (D) (Instr. 3, 4		and 5) Sec Ber Ow		Amount of curities neficially ned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Tra		eported ansaction(s) astr. 3 and 4)			(Instr. 4)	
Common	Common Stock, \$0.001 par value 03/04/20)24			S ⁽¹⁾		3,177	D	\$10.2	4 ⁽²⁾	1 ⁽²⁾ 120,195			D	
		Tal	ole II								osed of, convertib				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)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		Der Sec	Price of ivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Mandatory sale to cover tax liability associated with the vesting and settlement of restricted stock units.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$10.05 to \$10.44 per share. The reporting person undertakes to provide to Integral Ad Science Holding Corp., any security holder of Integral Ad Science Holding Corp. 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 herein.

/s/ Yossi Almani, by Power of <u>Attorney</u>

** Signature of Reporting Person Date

03/05/2024

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.