FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

gton, D.C. 20549	OMB AP

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	32
	Estimated average b	urden
	hours per response:	

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per response:	0.5						

1. Name and Address of Reporting Person* SECOR TANIA					2. Issuer Name and Ticker or Trading Symbol INTEGRAL AD SCIENCE HOLDING CORP. [ IAS ]								heck	all app	o of Reportir licable) tor er (give title	ng Pei	rson(s) to Is 10% Ov Other (s	vner	
(Last)	(Fii EGRAL Al	est) (M D SCIENCE HO	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 12/08/2023							X	belov		ncial	below)	,,,,,,		
12 E. 49TH STREET, 20TH FLOOR				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					oplicable		
(Street) NEW Y	ORK N	γ 1	0017											X		filed by One filed by Mo on		•	
(City)	(St	ate) (Ž	Zip)		Rul	le 10	)b5-	1(c)	Trar	nsac	tion Indi	icatio	on						
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intensatisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.						nded to								
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)			/Year) Executi		eemed ition Date, h/Day/Year)				Acquired (A) of (D) (Instr. 3, 4 a		and 5) Sec Ben Owi		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			ted action(s) 3 and 4)			(Instr. 4)		
Common Stock, \$0.001 par value 12/08/20				023			<b>S</b> <sup>(1)</sup>		38,394	D	\$13.9	3.97 <sup>(2)</sup>		220,129		D			
		Tal	ble II								osed of, convertib				Owne	d			
1. Title of Derivative Conversion or Exercise Price of Derivative Security  (Instr. 3)  2. Conversion Date Execution Date, if any (Month/Day/Year)			Transaction of Code (Instr. Deriva		vative prities pired r osed ) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price Derivat Securit (Instr. 5		tive derivative ty Securities	Own Forn Direc or In (I) (Ir	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Mandatory sale to cover tax liability associated with the settlement of market 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 \$13.87 to \$14.03 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.

## Remarks:

/s/ Yossi Almani, by Power of 12/11/2023 Attorney

\*\* 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.