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. 205	549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(c). S	ee Instruction 1	0.																	
Name and Address of Reporting Person* Gil Alexis II					2. Issuer Name and Ticker or Trading Symbol INTEGRAL AD SCIENCE HOLDING								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
				CORP. [IAS]								Director Officer (give title				10% Ov Other (s	·		
(Last)	Last) (First) (Middle)												1	— below)				`	
C/O INTEGRAL AD SCIENCE HOLDING CORP.				3. Date of Earliest Transaction (Month/Day/Year) 12/03/2024								Chief Accounting Officer							
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) NEW YO	ORK N	7 1	0017											1	Form	filed by On	e Rep	orting Perso	on
															Form Perso		re tha	n One Repo	orting
(City)	(St	ate) (Z	Zip)																
		Table	I - No	on-Deriva	tive	Secu	rities	Acc	quirec	l, Dis	posed of	, or E	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4)				and 5) Securi Benefi		ties cially I Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) or (D)	Price		Transa	iction(s) 3 and 4)			(Instr. 4)
Common Stock, \$0.001 par value 12/03/20)24			S ⁽¹⁾		3,982	D	\$11.4	\$11.41 ⁽²⁾		123,130		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)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		of	r osed) r. 3, 4	Expiration le (Month/Days		ate	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	V	(A)	(D)	Date	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. Mandatory sale to cover tax liability associated with the 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 \$11.35 to \$11.54 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 Attorney

12/05/2024

** 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.