SEC Form 4	
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## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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 <sup>*</sup> Utzschneider Lisa				2. Issuer Name and Ticker or Trading Symbol <u>INTEGRAL AD SCIENCE HOLDING</u> <u>CORP.</u> [ IAS ]						(Chec X	ationship of Reportir k all applicable) Director Officer (give title	10% (			
(Last) (First) (Middle) C/O INTEGRAL AD SCIENCE HOLDING CORP.				3. Date of Earliest Transaction (Month/Day/Year) 02/06/2024							X Onder (give nue Other (specify below) below) Chief Executive Officer				
12 E 49TH STREET, 20TH FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)		10017								X	Form filed by On Form filed by Mo				
NEW YORK	NY	10017									Person		porting		
(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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/				2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3,			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(			

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

**S**<sup>(1)</sup>

13,113

D

\$15.79<sup>(2)</sup>

148,657

D

1. Title of Derivative Security (Instr. 3)	tive Conversion Date Executi ty or Exercise (Month/Day/Year) if any		3A. Deemed Execution Date, if any (Month/Day/Year)	n Date, Transac Code (In			imber vative irities iired r osed ) r. 3, 4 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. 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				

#### Explanation of Responses:

Common Stock, \$0.001 par value

1. Mandatory sale to cover tax liability associated with the vesting and 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 \$15.56 to \$15.99 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 Attornev



\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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).

02/06/2024

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.