FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

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 10b5STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ee Instruction 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 ap	plicable) ctor	orting Person(s) to Issuer 10% Owner			
(Last) (First) (Middle)													▼ Office below	cer (give title w)		Other (s below)	pecify
C/O INTEGRAL AD SCIENCE HOLDING CORP.						3. Date of Earliest Transaction (Month/Day/Year) 09/04/2024							(Chief Accou	unting	Officer	
12 E. 49TH STREET, 20TH FLOOR					4. If Amendment, Date of Original Filed (Month/Day/Year)					6	6. Individual or Joint/Group Filing (Check Applicable						
(Street)					4. II / Alle Halle H. Bate of Original Filed (Workin Bay) Teal)							ne)					
NEW YO	ORK NY	Y 1	0017										For	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St	ate) (2	Zip)														
		Table	I - No	on-Deriva	tive S	ecuriti	es Ac	quirec	l, Dis	sposed of	, or Be	enefici	ally Ow	ned			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N					Year) Execution		ution Date,		ction Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			d 5) Secu Bene Owne	. Amount of ecurities eneficially wned Following		Direct Indirect	7. Nature of Indirect Beneficial Ownership
								Code	v	Amount	(A) or (D)	Price		rted action(s) . 3 and 4)			Instr. 4)
Common Stock, \$0.001 par value 09/04/20								S ⁽¹⁾		2,808	D	\$11.3	9(2) 1	42,109		D	
		Tal	ole II							osed of, convertib				ed	,	·	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) if	Execu	3A. Deemed Execution Date, if any (Month/Day/Year)		etion of Distr. Se Air Of	Number in the serivative ecurities cquired (a) or isposed in (b) instr. 3, 4 and 5)	6. Date Expira (Mont	tion D		7. Title Amoun Securit Underly Derivat Securit 3 and 4	t of ies /ing ive y (Instr.	8. Price of Derivative Security (Instr. 5)		y Di or (I)	0. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	1		ı					1		1				1	- 1		I

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 \$11.24 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.

Date

Exercisable

(D)

(A)

Remarks:

/s/ Yossi Almani, by Power of Attorney

Number

Shares

Title

Date

** Signature of Reporting Person Date

09/06/2024

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).

Code

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.