FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

washington,	D.C.	20549	

l	OMB APPROVAL									
l	OMB Number:	3235-0287								
	Estimated average burden									
l	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)

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*  Herb Brian				2. Issuer Name and Ticker or Trading Symbol CCC Intelligent Solutions Holdings Inc. [ CCCS ]							(Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify								
(Last) (First) (Middle) C/O CCC INTELLIGENT SOLUTIONS						3. Date of Earliest Transaction (Month/Day/Year) 03/23/2023							7	below)	below)		below) emarks			
HOLDINGS 167 N. GREEN STREET, 9TH FLOOR				4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person								
(Street) CHICAGO IL 60607														Form fi Person		e than	One Repor	ting		
					Rul	e 1	0b5-	-1(c)	Trans	acti	on Ind	icat	tion							
(City)	(S	tate)	(Zip)		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.															
		Tab	le I - Nor	-Deriva	ative \$	Sec	uritie	es Acc	quired,	Disp	osed c	of, o	r Bene	eficial	y Owned					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				action 2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dispose Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,		(A) or 3, 4 and	Benefici	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount		(A) or (D)	Price	Transact (Instr. 3	ion(s)	(Instr. 4)			
Common	Stock			03/23	3/2023				M		35,44	14	A	\$0	402	,506		D		
Common	Stock			03/23	3/2023				F		10,38	36	D	\$8.7	392	,120		D		
		1	Table II - I						ired, D option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, Ti	ransacti ode (Ins	nsaction of Ex		6. Date Exercisable and Expiration Date (Month/Day/Year)					ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

1. The Reporting Person was granted Restricted Stock Units ("RSUs") which represent a contingent right to receive, at the Issuer's discretion, (i) one share of Common Stock for each RSU, (ii) an amount of cash equal to the fair market value of such share of Common Stock on the date immediately preceding the date of settlement of the RSU, or (iii) a combination thereof. Twenty-five percent (25%) of the RSUs vest upon each of the first four anniversaries of the Grant Date, generally subject to the Reporting Person's continued service to the Issuer through each such vesting and settlement date.

Date

Exercisable

(1)

(D)

35,444

Expiration

Date

Title

Stock

Restricted Stock Unit<sup>(1)</sup>

Executive Vice President, Chief Financial and Administrative Officer

03/23/2023

/s/ Kevin Kane as Attorney-in-03/27/2023 Fact for Brian Herb

Shares

35,444

\*\* Signature of Reporting Person

106,333

D

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.