FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

Name and Address of Reporting Person*     Schloss Eileen						2. Issuer Name and Ticker or Trading Symbol CCC Intelligent Solutions Holdings Inc. [ CCCS ]									all app Direc	ionship of Reportin all applicable) Director		10% O	
(Last)	(Fir	st) (M	3. Date of Earliest Transaction (Month/Day/Year) 08/05/2024											Officer (give title below)		below)	specify		
HOLDINGS 167 N. GREEN STREET, 9TH FLOOR						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person					
														1		,		J	
(Street)	20 II	6	0607												Perso	filed by Mo	re tnar	n One Rep	orting
CHICAGO IL 60607					Rule 10b5-1(c) Transaction Indication														
(City) (State) (Zip)					<b>V</b>	Check the satisfy the	nis box ne affirr	to indi mative	icate that defense	t a tran condit	saction was m ions of Rule 10	ade pur 0b5-1(c)	suant to a . See Instr	contra	act, instru 10.	uction or writt	en plar	n that is inte	nded to
		Table	I - No	n-Deriva	tive	Secui	rities	Acc	quired	l, Dis	posed of	, or B	enefici	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)						Year) Execu		eemed ution Date, h/Day/Year)				s Acquired (A) of f (D) (Instr. 3, 4		nd 5) Securi Benefi		ties cially I Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Transa	ed ection(s) 3 and 4)			(Instr. 4)
Common Stock 08/05/20						)24			<b>S</b> <sup>(1)</sup>		99,925	D	\$9.88	.887 <sup>(2)</sup> 5		4,047		D	
		Tal	ble II								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed tion Date, h/Day/Year)	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount or Number of Title Shares		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)

## **Explanation of Responses:**

- 1. This transaction occurred automatically pursuant to a Rule 10b5-1 trading plan adopted by the Reporting Person on May 3, 2024.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$9.7898 to \$9.9850. The Reporting Person undertakes to provide to the issuer, any security holder of the issuer, 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 provided.

/s/ Kevin Kane as Attorney-in-08/07/2024 Fact for Eileen Schloss

\*\* 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.