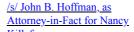
SEC Form 4 FORM 4 UNIT	ED STATES S	SECUDITIES			ХСНАМО		MMIS	SION				
	LUSIAILS	Washing		OMB APPROVAL								
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).		F CHANGES nt to Section 16(a) of ction 30(h) of the In		OMB Number: 3235-0287 Estimated average burden hours per response: 0.5								
1. Name and Address of Reporting Person [*] Killefer Nancy		er Name and Ticker ara, Inc. [CER		ing S	ymbol	(Cheo	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle)	3. Date 05/21	e of Earliest Transac /2024	ction (Mo	onth/D	9ay/Year)		Officer (give title Other (spe below) below)					
C/O CERTARA, INC. 100 OVERLOOK CENTER, SUITE 101	4. If An	nendment, Date of (Original	Filed	(Month/Day/Ye	Line)	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) PRINCETON NJ 08540								Form filed by Person	More than One Rep	orting		
(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 - N	Ion-Derivative S	ecurities Acq	uired,	Disp	posed of, c	or Ben	eficially	Owned				
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		5) (A) or		3, 4 and	5. Amount of Securities Beneficially Owned Followin Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature Indirect Beneficial Ownershi (Instr. 4)		
Common Stock	05/21/2024		Code M	v	Amount 8,663	(D)	Price \$0 ⁽¹⁾	(Instr. 3 and 4)	D	<u> </u>		

Common Stock		v.	/21/20					0,005	11	Ψ.	,	101	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8) Code (Instr. 4) Code (Instr. 5) Code (Instr.		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)	Reported	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		Transaction(s) (Instr. 4)		
Restricted Stock Units	(1)	05/21/2024		М			8,663	(1)	(1)	Common Stock	8,663	\$0	0	D	
Restricted Stock Units	(2)	05/21/2024		A		11,928		(2)	(2)	Common Stock	11,928	\$0	11,928	D	

Explanation of Responses:

I. Each restricted stock unit ("RSU") was granted on May 23, 2023, under Certara, Inc.'s 2020 Incentive Plan ("Incentive Plan") entitling the reporting person to receive one share of the issuer's common stock per RSU. The RSUs vested and were converted to common stock on May 21, 2024, the day of the issuer's annual meeting.

2. Each RSU was granted on May 21, 2024, under the Incentive Plan that entitles the reporting person to receive one share of issuer's common stock per RSU. The RSUs vest on the earlier of the one-year anniversary of the date of grant or the date of the issuer's next annual meeting.



05/23/2024

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).

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.

Killefer ** Signature of Reporting Person

Date