FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL							
	OMB Number: 3235-028 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).

					or Sec	ction 30(h) of the	Investme	nt Cor	npany Act	of 194	40					
Name and Address of Reporting Person*     Hays Joseph Christopher				2. Issuer Name and Ticker or Trading Symbol ZoomInfo Technologies Inc. [ ZI ]							Relationship eck all appli Directo	cable)	ng Person(s) to	Ssuer Owner		
(Last)	,	First)	3. Date of Earliest Transaction (Month/Day/Year) 05/03/2023							below)		Other below perating Office	′			
805 BROADWAY STREET, SUITE 900				4. If Amendment, Date of Original Filed (Month/Day/Year)					Line	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) VANCOUVER WA 98660											Form	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(5	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									adad ta		
					sa	tisfy the affirmative	e defense o	onditio	ons of Rule	10b5-İ(	(c). See	Instructi	on 10.		i piair triat is iriter	ded to
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)		2A. Deemed Execution Date,		3. Transa Code	3. 4. Securi Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3, 4		(A) or	5. Amou Securitie Benefici	nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
						Code	v	Amount	1)	A) or D)	Price	Transac (Instr. 3	tion(s)		(msu. 4)	
Common	Stock			05/03/	2023		M <sup>(1)</sup>		937		A	(1)	611	,546	D	
Common	Stock			05/03/	2023		F <sup>(2)</sup>		375		D	\$21.9	8 611	,171	D	
		Т	able II -			curities Acq lls, warrants	,			•		,	Owned			
1. Title of Derivative Security (Instr. 3)  1. Title of Conversion or Exercise (Instr. 3)  2. Conversion Date (Month/Day/Year)  3. Transaction Date Execution Date, if any (Month/Day/Year)  3. Transaction Date, (Month/Day/Year)		n Date,	4. Transactio Code (Ins		Expiration Date (Month/Day/Yea turities quired or		Amount of			8. Price of Derivative Security (Instr. 5)  (Instr. 5)  8. Price of derivative Securitie Beneficia Owned Following Reported		Ownersh Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)			

(1)

- 1. Reflects Phantom Units of HSKB Funds II, LLC ("HSKB Phantom Units") that upon vesting settled into shares of Common Stock on a one-for-one basis.
- 2. Reflects shares withheld to cover the Reporting Person's tax liability in connection with the vesting of the HSKB Phantom Units reported herein.

Code

M<sup>(1)</sup>

3. Reflects an original amount of 22,500 HSKB Phantom Units of which 50% vested on July 1, 2021 and with the remaining HSKB Phantom Units vesting in equal monthly installments over the two year period following July 1, 2021, in each case, subject to a continued service relationship through such vesting dates, subject to potential accelerated vesting upon certain change in control events and other vesting conditions

Date

Exercisable

(3)

Expiration Date

(3)

Title

Common

of (D) (Instr. 3, 4

and 5)

(A) (D)

937

## Remarks:

**HSKB** 

Phantom Units

/s/ Anthony Stark, as Attorneyin-Fact

\*\* Signature of Reporting Person

Amount or Number of Shares

937

\$0

05/04/2023

Date

Transaction(s) (Instr. 4)

938

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).

05/03/2023

\*\* 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.