FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	20540	
<i>N</i> ashington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
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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

Name and Address of Reporting Person* Hays Joseph Christopher					2. Issuer Name and Ticker or Trading Symbol ZoomInfo Technologies Inc. [ZI]								(Ch	eck all appl Direct	,		rson(s) to Is 10% Ov Other (s	vner	
(Last)	,	First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023									below)	perati	below)	·
805 BROADWAY STREET, SUITE 900				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne)					
(Street)	UVER W	VA :	98660													filed by Mo	One Reporting Person More than One Reporting		
(City) (State) (Zip)				Ru	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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Da			2. Transa Date (Month/D	Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.						Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or	Price	Reporte Transa (Instr. 3	ction(s)			(Instr. 4)
Common Stock			06/01	/2023				M ⁽¹⁾		469	469 A		(1)	58	81,640		D		
Common Stock 06/01			06/01	/2023	2023 F ⁽²⁾ 184 D S					\$24.7	<u> </u>								
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Security or Exercise (Month/Day/Year) if any				Code (Instr.		n Number I		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	or Nu of	nount mber ares					
HSKB Phantom Units	(1)	06/01/2023			M ⁽¹⁾			469	(3)		(3)	Commor Stock	4	169	\$0	469		D	

Explanation of Responses:

- 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.
- ended on July 1, 2021 and with the remaining HSKB Phantom Units vesting in equal monthly installments over the two ye 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. 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

Remarks:

/s/ Anthony Stark, as Attorney-06/05/2023 in-Fact

** Signature of Reporting Person

Date

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.