FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
wasiiiiqtoii,	D.C.	20049

STATEMENT	OF CHANGES	S IN RENEFICIAL	OWNERSHII

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
houre per reenonee.	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

Name and Address of Reporting Person* Voermann Karsten				2. Is Go	2. Issuer Name and Ticker or Trading Symbol GoodRx Holdings, Inc. [GDRX]							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director							
(Last)	,	irst) LDINGS, INC.	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/12/2024						X	X Officer (give title Other (specify below) Chief Financial Officer						
2701 OLYMPIC BOULEVARD					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)						Individual or Joint/Group Filing (Check Applicable Line)							
(Street) SANTA MONICA	A C	A	90404			X Form filed by One Re Form filed by More th Person									J	- 1			
(City)	(S	tate)	(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 satist the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								satisfy						
		Та	ble I - Non	-Deriv	ative	e Se	curities	s Ac	quired,	Disp	osed o	of, or Bo	enefi	cially	Owned				
1. Title of Security (Instr. 3) 2. Transa Date (Month/L				2A. Deemed Execution Date, if any (Month/Day/Yea		, Transaction Dispose Code (Instr. 5)		ities Acquired (A) or d Of (D) (Instr. 3, 4 an) or 4 and	5. Amoun Securities Beneficial Owned Fo	illy	Form:	Direct I Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	ount (A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				
Class A C	Common Sto	ock							211,952			D							
			Table II - I						uired, Di						wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/Y	Cc	e, Transaction				6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transactions	s S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Cc	ode \	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	or Nun	ount nber shares		(Instr. 4)	on(s)		
Restricted Stock Unit	(1)	03/12/2024			A		357,168		(2)		(2)	Class A Common Stock	357	7,168	\$0	357,16	58	D	
Stock Option (Right to Buy)	\$7.22	03/12/2024			A		515,793		(3)	0.3	3/12/2034	Class A Common Stock	515	5,793	\$0	515,79)3	D	

Explanation of Responses:

- 1. Each restricted stock unit represents a contingent right to receive one share of Class A common stock.
- 2. The restricted stock unit award will vest as to 25% of the underlying shares on January 8, 2025 with the remaining 75% of the underlying shares to vest in approximately equal quarterly installments thereafter for
- 3. The option will vest and become exercisable as to 25% of the underlying shares on January 8, 2025 with the remaining 75% underlying shares to vest in approximately equal quarterly installments thereafter for 12 quarters

Remarks:

/s/ Gracye Cheng, Attorney-in-Fact for Karsten Voermann

03/14/2024

** 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.