(City)

(State)

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

may continue. S				Fi							s Exchange pany Act of									
1. Name and Addr		-					lame and ght Ho									tionship of R all applicab Director		Person	(s) to Issuer	
(Last)	(First)	,	iddle)		3. Date 01/13		Earliest T 23	ransactio	on (Mon	th/Day	/Year)					Officer (g below)	ive title	-	Other (
		NGS CORPOR VE, SUITE 300	ATION		4. If A	men	dment, Da	ate of Or	iginal Fil	ed (Mo	onth/Day/Ye	ear)		6.		Form file	d by One F	Report	heck Applic	,
(Street) NASHVILLE	TN	37	<i>"</i> 214												X	Form file	d by More	than (One Reportir	ng Person
(City)	(State)	(Zi	ip)																	
		Та	ble I - No	n-Deri	vative	S	ecuritie	s Acq	uired,	Disp	osed of,	or	Benefi	cially	Ow	ned				
Date			nsaction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and						y Owned Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount		(A) or (D)	Price		(Instr. 3 and				(111501.4)
Common Stock					3/2023				S		17,062		D	\$12.		10,878	,907(1)		D ⁽²⁾	
			Table II -								sed of, o nvertible				wne	ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate,	I. Fransacti Code (Ins				6. Date Exerc Expiration Da (Month/Day/Y		ate Sec Year) Der		7. Title and Amou Securities Underl Derivative Securit (Instr. 3 and 4)		9	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
		Cc		Code	v	(A)	(A) (D) Date Expiration Date Title		•	Amoun or Numbe of Shar	r		Transaction(s) (Instr. 4)							
1. Name and Addr		-																		
		ings corpor Ve, suite 300	(Middle)																	
(Street) NASHVILLE	TN		37214																	
(City)	(Sta	ite)	(Zip)																	
1. Name and Addr <u>Conrad Jean</u>	•	ting Person [*]																		
		st) INGS CORPOR VE, SUITE 300	(Middle)																	
(Street) NASHVILLE	TN		37214																	

1. Name and Address Conrad Raymo							
(Last)	(First)	(Middle)					
C/O HIRERIGHT HOLDINGS CORPORATION							
100 CENTERVIE	W DRIVE, SUIT	E 300					
(Street)							
NASHVILLE	TN	37214					
(City)	(State)	(Zip)					

Explanation of Responses:

- 1. All of the interests in RJC GIS Holdings, LLC are held by (a) The Raymond W. Conrad Revocable Trust dated April 17, 2009, of which Raymond Conrad is trustee; (b) The Jeanne S. Conrad Revocable Trust dated April 17, 2009, of which Jeanne Conrad is trustee; (c) The RWC Family Trust, of which Jeanne Conrad is trustee; and (d) the JSC Family Trust, of which Raymond Conrad is trustee.
- 2. The reporting persons state that neither the filing of this statement nor anything herein shall be deemed an admission that such person is, for purposes of Section 16 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise, the beneficial owner of any securities covered by this statement. The reporting persons disclaim beneficial ownership of the securities covered by this statement, except to the extent of the pecuniary interest of such person in such securities.

Remarks:

/s/ Brian Copple, as Attorney-in-01/18/2023 Fact, for RJC GIS Holdings, LLC /s/ Brian Copple, as Attorney-in-01/18/2023 Fact, for Jeanne S. Conrad /s/ Brian Copple, as Attorney-in-Fact, for Raymond W. Conrad 01/18/2023

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).