FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.	C. 20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Jardine Bret T					2. Issuer Name and Ticker or Trading Symbol FIRST ADVANTAGE CORP [ FA ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				
(Last)	(Last) (First) (Middle) C/O FIRST ADVANTAGE CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 05/11/2024								X Officer (give title Other (special below)  See Remarks				
1 CONCOURSE PARKWAY NE, SUITE 200					4. If									6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street)	ΓA G	A :	30328												filed by Mor	e Reporting Fre than One		ng
(City) (State) (Zip)				Rı	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.												
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	es Ac	quired,	Dis	posed	of, or Be	eneficia	lly Owne	t			
'''' '''			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefic	es ally Following	6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	t of ct Be Ov	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price	Transac (Instr. 3	tion(s)			Su. 4)
Common Stock			05/11/2024					M		975	A	(1)	5,6	5,680(2)				
Common Stock			05/11	/2024				F <sup>(3)</sup>		290	D	\$15.9	9 5,	390	D			
		Т										, or Ben ible sec		y Owned				
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security			3A. Deem Execution if any (Month/Da	n Date,	Date, Transact				6. Date Exercisable Expiration Date (Month/Day/Year)		Amount of		of S g e Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	ship (D) rect	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Restricted Stock Units	(1)	05/11/2024			M			975	(4)		(4)	Common Stock	975	\$0	2,928	D		

## **Explanation of Responses:**

- 1. Each restricted stock unit (RSU) represents a contingent right to receive one share of common stock. The RSUs will be settled in either common stock or cash (or a combination thereof).
- 2. Includes shares acquired under the Employee Stock Purchase Plan of First Advantage Corporation.
- 3. Represents shares withheld in connection with the vesting of RSUs to cover tax withholding obligations.
- 4. Represents RSUs originally granted on May 11, 2023, which vest in four equal annual installments, beginning on May 11, 2024, subject to continued service through such dates.

## Remarks:

Title: EVP, General Counsel & Corporate Secretary

05/14/2024 /s/ Bret T. Jardine \*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.