FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHA
obligations may continue. See	
Instruction 1(b).	Filed pursuant to Section

## NGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response: 0.5

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*     Smith Joelle M					2. Issuer Name and Ticker or Trading Symbol FIRST ADVANTAGE CORP [ FA ]									all app Direc	ship of Reporting Papplicable) rector		10% Owner		
(Last)	(Fir	st) (t	Middl RAT	,	3. Date of Earliest Transaction (Month/Day/Year) 09/14/2023							X Officer (give title below) Other (specify below)  See Remarks							
1 CONCOURSE PARKWAY NE, SUITE 200				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) ATLANTA GA 30328				X Form filed by One Reporting Person Form filed by More than One Reporting Person															
(City)	(Sta	ate) (Z	Zip)		Rul	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 - I	Non-Deriva	tive S	Secui	rities	Acc	quir	ed, Di	sposed o	of, or l	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye			2A. Deem Execution if any (Month/Da		n Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			nd 5) Secu Bene Owne		icially d Following	Fori (D) ( Indi	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(ins	tr. 4)	(Instr. 4)	
Common Stock 09/14/202			09/14/202	:3			s 10,00		10,000	D	\$14.390	14.3909(1)		24,669		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Exe if ar	Deemed cution Date, ny nth/Day/Year)	4. Transaction Code (Instr. 8) Securitie Acquirer (A) or Dispose of (D) (Instr. 3, and 5)			vative rities iired r osed )	Expiration Date (Month/Day/Year) Set UI Set				mount of De ecurities Se		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	y	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V (		(A)	(D)	Date ) Exercisab		Expiration Date	ı Title	Amount or Number of Shares						

## **Explanation of Responses:**

1. Represents the weighted average price for sales of the shares. The shares were sold at prices ranging from \$14.380 to \$14.435 per share, inclusive of brokerage fees. The reporting person will provide to the Securities and Exchange Commission staff, the issuer, or any security holder of the issuer, upon request, full information regarding the number of shares sold at each separate price.

## Remarks:

Title: President, Data, Technology, and Experience

/s/ Bret T. Jardine, Attorney-

09/18/2023

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.