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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	$D \subset$	20540	
Washington,	D.C.	20549	

is box if no longer subject to	STA
6. Form 4 or Form 5	
ns may continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-

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(0). 30	ee Instruction 1	0.																	
1. Name ar Staples		Reporting Person*							er or Tra		Symbol FA]		(Ch	eck all app	o of Reportin	ng Per	rson(s) to Is	ssuer
<u>Stapies</u>	Scott											-			Direct	tor		10% O	wner
-														- [Office below	er (give title		Other (specify
(Last) (First) (Middle)						ite of E 9/202		Transa	action (I	Month	Day/Year)					Chief Executive Officer			
C/O FIR	ST ADVAN	TAGE CORPO	RATIO	N	00/1	9/202	.4							1		mer Exec	unve	Officer	
1 CONC	OURSE PA	RKWAY NE, S	UITE 2	.00															
,					4. If A	Amend	ment,	Date of	f Origina	al File	d (Month/Da	y/Year	-)			Joint/Grou	p Filin	ig (Check A	pplicable
(Street)														Line	,	filed by On	o Don	orting Doro	00
ATLAN	ΓA GA	A 3	0328											"		filed by Mo		Ü	
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(City)	(St	ate) (Ž	Zip)											1					
		Table	I - No	n-Deriva	tive S	Secu	rities	Aca	uired.	Dis	posed of	or E	3ene	ficia	llv Own	ed			
1 Title of 9	Pagurity (Ing			2. Transac		_			3.						5. Amo		6.0	wnership	7. Nature
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			Execution Date, //Year) if any		Transaction Disposed Of (D) (Instr. 3 Code (Instr. 5)			Securit Benefic	ities For		rm: Direct) or Indirect	of Indirect Beneficial							
				(Moi	(Month/Day/Year)		8)						Owned Following Reported		(I) (Instr. 4)	Ownership (Instr. 4)			
									Code	v	Amount	(A) (D)	or	Price	Transa (Instr. 3	ction(s) 3 and 4)			
Common Stock 08/19/			08/19/2	2024				G ⁽¹⁾		149,100	I	D	\$0	3,65	3,436(2)		D		
Common Stock 08/19/2			2024		G ⁽¹⁾		149,100) A :		\$ <mark>0</mark>	149,100			I	By Trust				
		Tal	ble II -	Derivati	ve Se	curi	ties <i>l</i>	Acqui	ired, [Disp	osed of, o	or Be	enefi	ciall	y Owne	d	,	-	
				(e.g., pu	ıts, ca	alls, v	warra	ants,	optio	ns, c	onvertib	le se	curi	ties)					
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security (Instr. 4) 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3A. Deemed Execution Date (Month/Day/Year) (Month/Day/Year)				ion Date,	4. Transaction Code (Instr. 8)		of Exp		Expirat	5. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			3. Price of Derivative Security (Instr. 5)		у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code		and s		Date		Expiration Date	Title	Amo or Num of	ber		(

Explanation of Responses:

- 1. Represents an estate planning transfer by the Reporting Person.
- 2. Includes shares of common stock acquired under the Employee Stock Purchase Plan of First Advantage Corporation.

/s/ Bret T. Jardine, Attorney-

in-Fact

** Signature of Reporting Person

Date

08/21/2024

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.