FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person*  TUNSTALL GORDON							2. Issuer Name and Ticker or Trading Symbol Tabula Rasa HealthCare, Inc. [ TRHC ]										onship of Reporting all applicable) Director		son(s) to Iss 10% O		
(Last) 228 STR	(Last) (First) (Middle) 228 STRAWBRIDGE DRIVE, SUITE 100							3. Date of Earliest Transaction (Month/Day/Year) 05/14/2021											Other ( below)	specify	
(Street) MOORESTOWN NJ 08057 (City) (State) (Zip)							4. If Amendment, Date of Original Filed (Month/Day/Year)										dividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						Execution Da		on Date,	3. Transaction Code (Instr.			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			and 5) Secu Bene Owne		curities neficially ned Following		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
								Cod	e V		Amount	(A) or (D)	Price			nsaction(s) str. 3 and 4)			(Instr. 4)		
Common Stock 05/14						2021						3,288	A	A \$1.56		16,709			D		
Common Stock 05/14/2									M			6,712	A	\$3	.59	9 23,421		D			
Common Stock 05/14/2										)		5,000	D	D \$41.22 <sup>(2)</sup>		18,421		D			
Common Stock 05/14/2										)		5,000	D \$41.		.19 <sup>(3)</sup>	(3) 13,421		D			
		Т	able II									osed of, converti				wned					
1. Title of Derivative Security (Instr. 3)	vative Conversion Date Execution Date, irity or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		n of		e Exer ation C h/Day/	ate		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S (I	. Price of lerivative lecurity nstr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
Employee				Code	v	(A)	(D)				Expiration Date	Title	Amou or Numb of Share	er							

## **Explanation of Responses:**

\$1.56

\$3.59

05/14/2021

05/14/2021

Stock Option

(right to buy) Employee Stock Option

(right to

- 1. This sale reported in this Form 4 was effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 14, 2020.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$41.00 to \$41.12, inclusive. The reporting person undertakes to provide to Tabula Rasa HealthCare, Inc., any security holder of Tabula Rasa HealthCare, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each price within the ranges set forth in footnotes (2) and (3) to this Form 4.

(4)

(5)

03/21/2022

11/19/2023

3,288

6,712

3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions ranging from \$41.20 to \$41.39, inclusive.

M

M

- 4. The stock option vested 25% on March 21, 2013 and in equal 1/36th installments each month thereafter.
- 5. The stock option vested 25% on November 19, 2014 and in equal 1/36th installments each month thereafter.

/s/ Brian W. Adams, by Power 05/18/2021 of Attorney

\*\* Signature of Reporting Person Date

3,288

6,712

Stock

Stock

\$0.00

\$0.00

0

19,061

D

D

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.