FORM 3

LUXEMBOURG

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0104

Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

				(a) of the Securities Exchan e Investment Company Act		1934				
1. Name and Address of Reporting Person* Derby LuxCo S.a r.l.	2. Date of Event Requiring Statement (Month/Day/Year) 06/07/2024			3. Issuer Name and Ticker own Waystar Holding C						
(Last) (First) (Middle) 51A, BOULEVARD ROYAL, LUXEMBOURG				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) GRAND DUCHY OF N4 2449 LUXEMBOURG				Officer (give Other (specify title below) below)			6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)	Jala I. Nass	Dankas	4:	- Oiti Dfi						
Table I - Non-Derivative Securities Beneficially Owned 1. Title of Security (Instr. 4) 2. Amount of Securities 3. Ownership 4. Nature of Indirect Beneficial										
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr.	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		Ownership (Instr. 5)				
Common Stock				48,658,517		I Held directly by Derby I		Derby LuxCo ⁽¹⁾		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)		ate	d	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) 4. Convetor or Exetor Price of Securities		sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	on	Title	Amount or Number of Shares	Derivat Securit	ive	or Indirect (I) (Instr. 5)	3)	
1. Name and Address of Reporting Person* <u>Derby LuxCo S.a r.l.</u>										
(Last) (First) (Mid 51A, BOULEVARD ROYAL, LUXEN	ddle) MBOURG									
(Street) GRAND DUCHY OF N4 24- LUXEMBOURG	49									
(City) (State) (Zip)									
1. Name and Address of Reporting Person* <u>EQT Fund Management S.a r.l.</u>										
(Last) (First) (Mid 51A, BOULEVARD ROYAL, LUXEN	ddle) MBOURG									
(Street) GRAND DUCHY OF N4 24	1 9									

(City)	(State)	(Zip)

Explanation of Responses:

1. Consists of shares of common stock held directly by Derby LuxCo S.a r.l. ("Derby LuxCo"). Several investment vehicles collectively make up the fund known as "EQT VIII." EQT VIII owns 100% of the membership interests in Derby LuxCo. EQT Fund Management S.a r.l. ("EFMS") has exclusive responsibility for the management and control of the business and affairs of investment vehicles which constitute the majority of the total commitments to EQT VIII. EFMS is overseen by a board of not less than three individuals that acts by majority approval.

Remarks:

This filing shall not be deemed an admission that the Reporting Persons are beneficial owners of all securities covered by this filing for purposes of Section 16 of the Exchange Act or otherwise, and each Reporting Person disclaims beneficial ownership of these securities, except to the extent of such Reporting Person's pecuniary interest therein, if any.

<u>Derby LuxCo S.a r.l., By:</u> /s/Christiaan Snyders, Name: <u>Christiaan Snyders</u>,

Title: Manager and /s/ 06/07/2024

Sanjay Fullee, Name: Sanjay Fullee, Title:

<u>Manager</u>

EQT Fund Management

S.a r.l., By: /s/ Sara Huda,

Name: Sara Huda, Title: Manager and /s/ Joshua

06/07/2024

Stone, Name: Joshua
Stone, Title: Manager

** Signature of Reporting

Signature of Reporting 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 5 (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