FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to 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 10b5Filed 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* Ramirez-Medina Lydia Ann					2. Issuer Name and Ticker or Trading Symbol FIVE STAR BANCORP [FSBC]								5. Relationship of Reporting P (Check all applicable) Director Officer (give title			ng Pei	Person(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) C/O FIVE STAR BANCORP 3100 ZINFANDEL DRIVE, SUITE 100				3. Date of Earliest Transaction (Month/Day/Year) 09/05/2024								Officer (give title Other (specify below) SVP & COO & Chief DE&I Officer							
(Street) RANCHO CORDOVA (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or E	Benef	icially	/ Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Day/Year) if an		. Deemed ecution Date, any onth/Day/Year)					es Acquired (A) Of (D) (Instr. 3,		4 and Securit Benefic Owned		ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	or Pri	се		ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 09/05/2						:024			S		500	D	\$2	28.62	9,756(1)			D	
		Tal									osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executi if any	3A. Deemed Execution Date, if any (Month/Day/Year)		iction Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (I 3 and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)
				٠	Code	v	(A)	(D)	Date Exercisable		Expiration Date	or No	Amou or Numb of	er					

Explanation of Responses:

1. Consists of 1,734 unvested shares which were granted pursuant to the Five Star Bancorp 2021 Equity Incentive Plan and are scheduled to vest in equal installments over the remainder of a five-year period, 129 unvested shares granted pursuant to the Five Star Bancorp 2021 Equity Incentive Plan scheduled to vest on January 1, 2025, and 6,000 unvested shares which were granted pursuant to the Five Star Bancorp 2021 Equity Incentive Plan and are scheduled to vest in equal installments over a five-year period, provided Ms. Ramirez remains employed by Five Star Bancorp on the respective vesting

Remarks:

/s/ Lydia A. Ramirez-Medina, by Heather C. Luck, Attorney- 09/06/2024

** 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.