Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

					or Sec	cuon 3	so(11) of	the in	ivestmer	IL COI	npany Act o	1 1940							
1. Name and Address of Reporting Person* <u>Nickum David Frank</u>					2. Issuer Name and Ticker or Trading Symbol FIVE STAR BANCORP [FSBC]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
															X Direc	tor		10% Ov	vner
(Last) (First) (Middle) C/O FIVE STAR BANCORP					3. Date of Earliest Transaction (Month/Day/Year) 01/20/2022									Officer (give title below)		Other (s below)	specify		
3100 ZINFANDEL DRIVE, SUITE 100																			
SIOU ZINFANDEL DRIVE, SUITE 100				4. If Amendment, Date of Original Filed (Month/Day/Year)							6 1	6. Individual or Joint/Group Filing (Check Applicable							
(Street)					/ \	menai	ment, D	ate of	ongina		(WOTHINDA	y, rear	,	Lin		001110 0100	P 1	ig (Gricole)	ppiioabic
RANCH	0														X Form	filed by On	e Rep	orting Perso	on
CORDO	VA CA	A 9	5670												Form Perso		re tha	ın One Repo	orting
(City)	(St	ate) (Z	Zip)																
		Table	I - Noı	n-Deriva	tive S	ecur	rities	Acq	uired,	Dis	oosed of	, or E	3ene	ficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Exec Day/Year) if an		Deemed ecution Date, ny onth/Day/Year)		Transaction Disposed Code (Instr. 5)		ties Acquired (A l Of (D) (Instr. 3			Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 01/20/				01/20/2	/2022				A		1,263(1)	1	A	\$0	17	74,769		I	By self as trustee ⁽²⁾
		Tal									osed of, o					d			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci Expiration Da (Month/Day/Yo		te	7. Title and Amount of Securities Underlying Derivative Security (Ir 3 and 4)		nstr.	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
													Amo or	ount					

Explanation of Responses:

1. Granted pursuant to the Five Star Bancorp 2021 Equity Incentive Plan. One-twelfth of the award of restricted stock vested immediately upon grant, with the remaining shares to vest in equal monthly installments over eleven months on the 1st of each month, provided Mr. Nickum, the reporting person, remains a director of Five Star Bancorp's Board of Directors on the respective vesting dates.

(D)

Date

Exercisable

Expiration

Title

Shares

2. Shares are held by the Nickum Family Trust dated March 14, 2008, for which Mr. Nickum serves as a trustee.

/s/ David F. Nickum, by Heather C. Luck, Attorney-in- 01/24/2022 **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).

Code V

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.