FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549	
vvasiliigton,	D.C.	20040	

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

## F CHANGES IN BENEFICIAL OWNERSHIP

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

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

1(C). Se	ee Instruction 1	0.																			
1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol FIVE STAR BANCORP [FSBC]									Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Perry-Smith Robert Truxtun										,			1	Direc	tor		10% Ov	wner			
(Last) (First) (Middle) C/O FIVE STAR BANCORP					3. Date of Earliest Transaction (Month/Day/Year) 08/29/2024									Office below	er (give title /)		Other (s below)	specify			
0,011.	_ ~	DRIVE, SUITE	100		1																
3100 ZII	NEANDEL	DRIVE, SUITE	100		4 If /	4 If Amondment Date of Original Filed (Month/D-10/4)									6 Individual or Joint/Group Filing (Chack Applicable						
(Street)					4. " /	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
RANCH	0				1									1	Form	filed by On	e Rep	orting Perso	on		
CORDO	CI	A 9	5670												Form filed by More than One Reporting Person						
(City)	(St	ate) (Ž	Zip)																		
		Table	I - No	n-Deriva	tive \$	Secu	rities	Acq	uired,	Dis	posed of	, or B	enef	icially	/ Own	ed					
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			4 and Secur Benef Owne		cially Following	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount	(A) o (D)	Pr	ice		action(s) 3 and 4)			(Instr. 4)			
Common Stock 08/29/2				2024		S		2,310	D	\$	29.51	225	25,328(1)		I	By self as trustee <sup>(2)</sup>					
		Tal	ole II -								osed of, convertib				Owne	d					
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, or Exercise (Month/Day/Year) if any				4. Transaction Code (Instr. 8)		of Deriv Secu Acqu (A) o Dispo	r osed ) r. 3, 4	6. Date Expirati (Month/	on Da	sable and 7. Title and te Amount of		De Se (In:	Price of rivative curity str. 5)	ative derivative ity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code		v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er							

## **Explanation of Responses:**

1. Includes 1,638 unvested shares granted pursuant to the Five Star Bancorp 2021 Equity Incentive Plan with all shares scheduled to vest on December 31, 2024, provided the reporting person, Mr. Perry-Smith, remains as a director with Five Star Bancorp on that date.

2. Shares are held in the Robert T. Perry-Smith Exemption Trust for the benefit of Mr. Perry-Smith, and for which he serves as trustee.

## Remarks:

/s/ Robert T. Perry-Smith, by Heather C. Luck, Attorney-in- 08/30/2024 **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).

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.