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

| Washington, | D.C. | 20549 |
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| STATEMENT | OF CHANG | SES IN BENE | EFICIAL (| OWNERSHI | P |
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| OMB APPROVAL | | | | | | | | | |
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| hours per response: 0.5 | | | | | | | | | |

Filed 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* Lucchetti David John | | | | | 2. Issuer Name and Ticker or Trading Symbol FIVE STAR BANCORP [FSBC] | | | | | | | (Ch | eck all app X Direc | tor | ng Per | 10% Ov | vner | | |
|---|-------|--|---|-----------------|--|--|--------|-------------------------------------|--|-----------------|--------------------|--|----------------------------------|--------------------------------------|---|---|--------------------|--|--|
| (Last) (First) (Middle) C/O FIVE STAR BANCORP 3100 ZINFANDEL DRIVE, SUITE 100 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/20/2022 | | | | | | | | belov | er (give title | | Other (s below) | вреспу | |
| (Street) RANCH CORDO (City) | VA CA | | 5670 Zip) | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | Line | e) <mark>X</mark> Form Form | ′ | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | s Acq | uired, | Dis | posed of | , or B | ene | ficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | 3. 4. Securitie Transaction Disposed O Code (Instr. 5) | | es Acquired (A Of (D) (Instr. 3, | | A) or , 4 an | Benefic | ties For cially (D) I Following (I) (| | n: Direct or Indirect ostr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | nsaction(s) str. 3 and 4) | | | () |
| Common Stock 01/20 | | | | | 2022 | | | | A | | 1,263(1) | A | | \$0 | 30 | 5,075 | | I | By self as trustee ⁽²⁾ |
| | | Tal | | | | | | | | | osed of, o | | | | y Owne | d | | | |
| Derivative Conversion Da | | 3. Transaction Date (Month/Day/Year) | ate Execution Date, Ionth/Day/Year) if any | | | ransaction of ode (Instr. Deriv | | or osed o) r. 3, 4 | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amor or Num of Share | ber | | | | | |

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. Lucchetti, the reporting person, remains a director of Five Star Bancorp's Board of Directors on the respective vesting dates.
- 2. Shares are held by the Lucchetti Family Trust established May 23, 2001, for which Mr. Lucchetti serves as a trustee.

/s/ David J. Lucchetti, by Heather C. Luck, Attorney-in- 01/24/2022

** Signature of Reporting Person Date

Fact

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.