FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| Washington, D.C. 20549 | |
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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

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|---|---|---------|----------|--|--|--------|--|--|----------------|---------|--|---|---|----------|--|---|--|--|--|
| Name and Address of Reporting Person* Kao James | | | | 2. Issuer Name and Ticker or Trading Symbol RBB Bancorp [RBB] | | | | | | | | 5. Relationship of Reporting (Check all applicable) X Director | | | | rson(s) to Is | | | |
| (Last) | (Fii | rst) (ľ | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2024 | | | | | | | | 74 | | er (give title | | Other (s | | |
| 1055 WILSHIRE BLVD SUITE 1200 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Fil Line) X Form filed by One Re | | | | | | |
| (Street) | LOS CA 90017 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| ANGEL | ES | | | | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| (City) | (St | ate) (2 | Zip) | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secui | rities | Acc | quired | , Dis | posed of | , or B | enefic | cially | Own | ed | | | |
| Date | | | | 2. Transact Date (Month/Day | Execution Date, | | ate, | 3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | | | 4 and Secur Benef Owne | | cially Following | Forn (D) o | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | e | Transa | Reported Fransaction(s) Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock, No Par Value 01/31/2 | | | | | 2024 | | P | | 12,000 | A | \$18 | .045 460,3 | | 50,376 D | | D | | | |
| Common Stock, No Par Value 02/01/2 | | | | 2024 | | P | | 20,000 | A | \$17 | .274 | 274 480,376 | | 76 D | | | | | |
| | | Tal | ble II · | | | | | | | • | osed of, convertib | | | • | Owne | t | | , | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date urity or Exercise (Month/Day/Year) if any | | | | Transaction of Code (Instr. Derivative | | rative rities ired r osed) | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Deriva Secur (Instr. | | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Forn Dire or In (I) (Ii | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exerci | sable | Expiration Date | or Number of Title Shares | | r | | | | | |

Explanation of Responses:

Remarks:

Dr. James Kao purchased 12,000 shares on 1/31/2024. Dr. James Kao purchased 20,000 shares on 2/01/2024.

02/01/2024 /s/ James Kao

** 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.