FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
$\cup$	obligations may continue. See
	Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1 Name or	ad Addraga at	f Danarting Darson*	,		_		. ,				Symbol			5 Re	lationshi	n of Renorti	na Pers	son(s) to I	ssuer	
Name and Address of Reporting Person*     Notaras Martha						2. Issuer Name <b>and</b> Ticker or Trading Symbol Palomar Holdings, Inc. [ PLMR ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
INOLATAS IVIATUIA						======================================								_ X	X Director			10% Owner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023									Office below	er (give title v)		Other (s	specify	
7979 IVANHOE AVENUE, SUITE 500					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Inc	6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X	X Form filed by One Reporting Person					
	LA JOLLA CA 92037														Form filed by More than One Reporting Person					
(City) (State) (Zip)						Rule 10b5-1(c) Transaction Indication														
						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 Se	ecui	ities	Acq	uired,	Dis	posed of	, or	Bene	eficial	ly Owr	ned				
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day					Exec if any	Deemed cution Date, ny nth/Day/Year)				ties Acquired (A I Of (D) (Instr. 3,			Securi Benefi Owned Follow	cially I ring	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	(A (D	) or )	Price		ted action(s) 3 and 4)					
Common Stock 05/25/2						2023			A		1,639(1	) .	A	<b>\$0</b> <sup>(2)</sup>	5,831		I	D		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, if any			4. Transaction Code (Instr. 8)		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	e and 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and		De Se (In	Price of rivative curity str. 5)	rative derivative rity Securities		0. ownership orm: irect (D) r Indirect ) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)	Date Exercisa		Expiration Date Title		Amo or Num of Shar	ber						

## Explanation of Responses:

- 1. The amount reported reflects Restricted Stock Units (RSUs) granted to the Reporting Person pursuant to Issuer's 2019 Equity Incentive Plan. Subject to the Reporting Person's continued service, the RSUs shall vest in full upon the first anniversary of the Grant Date.
- $2. \ Each \ restricted \ stock \ unit \ represents \ a \ contingent \ right \ to \ receive \ one \ share \ of \ the \ Issuer's \ common \ stock.$

## Remarks:

/s/ Angela Grant, Attorney-in-Fact 05/25/2023

\*\* 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.