FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

|        | Check this box if no longer subject |
|--------|-------------------------------------|
| $\Box$ | 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

|  |  |                |        |                                       | 0. 000   |  | 30(, 0  | 71 1110 11   | - TVCStilleri    |                           | iipaiiy Act C  | ,, 10- |   |   |  |  |   |  |  |  |  |
|--|--|----------------|--------|---------------------------------------|--|--|---------|--|------------------|---------------------------|--|--------|---|---|--|--|---|--|--|--|--|
| Name and Address of Reporting Person*     Middleton Daina  |  |                |        |                                       |  | 2. Issuer Name <b>and</b> Ticker or Trading Symbol Palomar Holdings, Inc. [ PLMR ] |         |  |                  |                           |  |        |   | (Ch   | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)          |  |   |  |  |  |  |
|  |  | _              |        |                                       | 0.0-4  |  |         |  |                  |                           |  |        |   | - 4   | Direct   |  |   | 10% Ov   |  |  |  |
| (Last) (First) (Middle)  |  |                |        |                                       | 3. Date of Earliest Transaction (Month/Day/Year) 05/25/2023  |  |         |  |                  |                           |  |        |   | Offic<br>belo                                 | er (give title<br>w)   |  | Other (s  | specify  |  |  |  |
| 7979 IVANHOE AVENUE  |  |                |        |                                       |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)                           |         |  |                  |                           |  |        |   | 6 Ir  | 6. Individual or Joint/Group Filing (Check Applicable                            |  |   |  |  |  |  |
| SUITE 500  |  |                |        |                                       | 4. 17 anonamont, bate of original Filed (Month/Day/Tear)   |  |         |  |                  |                           |  |        |   | Line)   |  |  |   |  |  |  |  |
| ,  |  |                |        |                                       |  |  |         |  |                  |                           | X Form filed by One Reporting Person   |        |   |   |  |  |   |  |  |  |  |
| (Street)   |  |                |        |                                       |  |  |         |  |                  |                           |  |        | Form filed by More than One Reporting<br>Person |   |  |  |   |  |  |  |  |
| LA JOLLA CA 92037  |  |                | Dul    | Rule 10b5-1(c) Transaction Indication |  |  |         |  |                  |                           |  |        |   |   |  |  |   |  |  |  |  |
| (0:1)  | (0)  |                |        |                                       | Kui  | 3 10   | JUS-    | T(C)   | mans             | sac                       | lion ind   | ıcaı   | liOH  |   |  |  |   |  |  |  |  |
| (City) (State) (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          | l - No | n-Deriva                              | tive S   | ecui   | rities  | Acq  | uired,           | Disp                      | posed of   | , or   | Ben   | eficia  | lly Ow   | ned  |   |  |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)   |  |                |        |                                       | Execution  |  |         | Date,  |                  |                           | ties Acquired (A<br>l Of (D) (Instr. 3   |        |   | 5. Am<br>Secur<br>Benef<br>Owne<br>Follow     | icially<br>d   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)  |  |  |  |
|  |  |                |        |                                       |  |  |         |  | Code             | v                         | Amount   |        | A) or<br>D)                                     | Price   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)                                   |  |   |  |  |  |  |
| Common   | 2023   |                |        |                                       | A  |  | 1,639(1 | 1) A \$  |                  | <b>\$0</b> <sup>(2)</sup> | 4,266  |        | D   |   |  |  |   |  |  |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |                |        |                                       |  |  |         |  |                  |                           |  |        |   |   |  |  |   |  |  |  |  |
| 1. Title of  | 2.   | 3. Transaction |        |                                       | 4.   | <u> </u>   | 5.      | <u> </u>   |                  |                           |  | 1      |   |   | <del></del>  |  |   |  |  |  |  |
| Derivative<br>Security<br>(Instr. 3)   | tive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any |                |        | Transaction<br>Code (Instr.<br>8)     |  | Number   |         | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |                  |                           | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security<br>(Instr. 3 and |        | ָ<br>ט<br>(                                     | Prive or<br>perivative<br>ecurity<br>nstr. 5) | derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | y O<br>Fe<br>Di<br>Oi<br>(I)   | unership<br>orm:<br>irect (D)<br>r Indirect<br>) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |  |
|  |  |                |        | Code                                  |  | v  | (A)     | (D)  | Date<br>Exercisa |                           | Expiration<br>Date   | Title  | or<br>Nun<br>of                                 | ount<br>nber<br>res                           |  |  |   |  |  |  |  |

## 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 Da

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.