SEC Form 4	
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## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934
an Conting 20(h) of the Investment Company, Act of 1040

1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol Palomar Holdings, Inc. [ PLMR ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)												
<u>Uchida T Christopher</u>					Patomar riolulings, IIIC. [ PLMR ]						1	Direct	or		10% O	wner								
(Last)	(E	irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)							X Office below	r (give title )		Other ( below)	specify								
	``	,	. ,		11/02/2	2023								C	Chief Fina	ncial	Officer							
7979 IVANHOE AVENUE, SUITE 500																								
(Street)					4. If Am	endment, Date	of Origin	al File	d (	(Month/Da	ay/Ye	ear)	Lin	- /										
(Street) LA JOLLA CA 92037														X Form	filed by On	e Rep	orting Perso	on						
		A	92037										Form filed by More than One Reporting Person				orting							
(City)	(S	tate)	(Zip)		Rule	Rule 10b5-1(c) Transaction Indication																		
												al to												
	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.																							
		Tab	le I - Noi	ו-Deriv	ative Se	ecurities Ac	cquire	l, Dis	sp	osed o	of, c	or Ben	eficial	ly Owne	d									
Date				action Day/Year)			Disposed	urities Acquired (A sed Of (D) (Instr. 3,			I Securiti Benefic Owned	5. Amount of Securities Beneficially Owned Following		n: Direct r Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership									
					Cod	e v	1	Amount		(A) or (D)		Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)								
Common	Stock			11/02	/2023		М	╈	Ì	2,000		2,000		2,000		2,000 A		2,000 A		\$15	27,	27,365 <sup>(2)</sup> D		
Common	Stock			11/02			S <sup>(1)</sup>		Ì	2,000 D		2,000 D		2,000 D		0 D \$		8 25,365 <sup>(2)</sup>		D				
		Т				urities Acq								v Owned										
				(e.g., p	uts, cal	ls, warrants	s, optio	ons,	CC	onverti	ble	secur	ities)											
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, Tr rity or Exercise (Month/Day/Year) if any C		Transaction Code (Instr		Expiration Date (Month/Day/Year) s 1			Amount of ar) Securities Underlying Derivative		7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactiv (Instr. 4)	e 5 Ily I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)								

## Employee Stock Option \$15 11/02/2023 M 2,000 (3) (Right to Buy)

Explanation of Responses:

1. The sales reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.

2. Includes 1,666 shares of Common Stock purchased pursuant to the Palomar Holdings, Inc. 2019 Employee Stock Purchase Plan (ESPP).

Code V

(A) (D)

3. Fifty percent (50%) of the option shares vest and become exercisable on April 16, 2020 and the remaining option shares vest and become exercisable in twelve (12) equal monthly installments thereafter.

Date Exercisable Expiration Date

04/16/2029

Title

Commor

Stock

/s/ Angela Grant, Attorney-in-Fact 11/

Amount or Number

of Shares

2,000

\$0.00

11/06/2023

11,156

D

\*\* 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.