FORM 4

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

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Vashington, D |).C. | 20549 | |
|---------------|------|-------|--|
|---------------|------|-------|--|

BENEFICIAL OWNERSHIP

| STATEMENT | OF | CHANGES | IN |
|-----------|----|---------|----|
| | | | |

OMB APPROVAL 3235-0287 OMB Number: Estimated average burden 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

| 1. Name and Address of Reporting Person* Fisher Heath A | | | | | | 2. Issuer Name and Ticker or Trading Symbol Palomar Holdings, Inc. [PLMR] | | | | | | | | | (Ch | eck all app Direc | olicable) etor | | son(s) to Iss 10% O Other (| vner |
|----------------------------------------------------------|---------|-----------------------|-----------------|------------------|-------------------------------------|-----------------------------------------------------------------------------|-------------------|----------------------------------------------------------------|------------|-----------------|-------|----------------------------------------------------------|----------------------------------|---------------|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|------------|
| (Last) 7979 IVA | ` | irst) /ENUE, SUITE | (Middle) 500 | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/01/2021 | | | | | | | | | | Officer (give title Ot below) be President | | | эрсспу | |
| (Street) LA JOLI (City) | | | 92037 (Zip) | | 4. If | f Ame | endment, | Date | of C | Original I | Filed | (Month/D | ay/Year |) | Line | e) <mark>X</mark> Forn | n filed by On | ie Rep | g (Check Ap orting Perso n One Repo | n |
| | | Tab | le I - Non | -Deriv | ative | Se | curitie | s Ad | cqu | ired, | Disp | osed o | of, or | Ben | eficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | Execution Date, | | | Code (Instr. 5) | | | | | | Beneficially Owned Following | | Form: Direct | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | Code | v | Amount | t (A) or Pr | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock | | | | | | | | | | | | | | 24 | 245,198 | | I | By 2007 Fisher Family Trust | | |
| | | Т | āble II - I | | | | | | | | | sed of onverti | | | | Owned | I | | | |
| 1. Title of Derivative Security (Instr. 3) | | | | Transa Code (| ansaction of ode (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | | 7. Title Amou Securi Under Deriva (Instr. | nt of ties lying tive S | ecurity 4) | 8. Price o Derivative Security (Instr. 5) | | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Dat Exe | te ercisable | | kpiration ate | Title | O N | Amount or Number of Shares | | | | | |
| Employee Stock Option (Right to Buy) | \$106.6 | 02/01/2021 | | | A | | 2,000 | | | (1) | 02 | 2/01/2031 | Comm | | 2,000 | \$0 | 2,000 | 0 | D | |

Explanation of Responses:

1. Subject to such person's continuing service with the Company, the options shall vest as follows: 25% shall vest on the first year anniversary of the Grant Date/Vesting Base Date with the remaining shares vesting in equal monthly installments over the subsequent twenty-four (24) month period.

/s/ Christopher Uchida, Attorney-in-Fact

02/03/2021

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).