FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPR	OVAL				
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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* Herve Rodolphe 2. Date of Event Requiring Statement (Month/Day/Year) 07/01/2024			3. Issuer Name and Ticker or Trading Symbol Palomar Holdings, Inc. [PLMR]					
(Last) (First) (Middle) 7979 IVANHOE AVENUE, SUITE 500			Relationship of Reporting Issuer (Check all applicable) Director	rting Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) LA JOLLA, CA CA 92037 (City) (State) (Zip)	-		Officer (give title below) Chief Operating	Other below)	(specify	Person	e Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			. Amount of Securities Beneficially Owned (Instr.)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable and Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Conv		4. Conversion Exercipates	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
				Amount	Derivativ	Direct (D) e or Indirect	5)	

Explanation of Responses:

Remarks:

No securities are beneficially owned.

Angela Grant, as Attorneyin-fact 07/10/2024

** 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 5 (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.