

FORM 3

**Federal Deposit Insurance Corporation
Washington, D.C. 20429**

OMB APPROVAL
OMB NUMBER: 3064-0030
EXPIRES: 01/31/2020
Estimated average burden
hours per response ...1.0

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

(PLEASE PRINT OR TYPE ALL RESPONSES)

1. Name of Reporting Person (Last, First, Middle)* Anderson, Robert			2. Date of Event Requiring Statement (Month/Day/Year) 07/22/2021	4. Issuer Name and Ticker or Trading Symbol U.S. Century Bank [USCB]	
Street Address C/O U.S. Century Bank 2301 N.W. 87th Avenue			3. IRS Identification Number of Reporting Person, if an Entity (Voluntary)	5. Relationship of Reporting Person to Issuer (Check all applicable) <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (Specify below) Executive Vice President and Chief Financial Officer	6. If Amendment, Date Original Filed (Month/Day/Year)
City Miami	State Florida	ZIP Code 33172			7. Individual or Joint/Group Filing (Check Applicable Box) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
No securities are beneficially owned			

Table II - Derivative Securities Beneficially Owned (e.g., plus, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Securities: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of shares			

Explanation of Responses:

/s/ Robert Anderson

**Signature of Reporting Person

7/22/2021

Date

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