SEC	Form 4	

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c).

See Instruction 10.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPI	ROVAL
OMB Number:	3235-0287
Estimated average b	ourden
hours per response:	

	ss of Reporting Perso	on*	2. Issuer Name and Ticker or Trading Symbol USCB FINANCIAL HOLDINGS, INC.	(Check	tionship of Reporting Persor all applicable)	n(s) to Issuer
KODKIGUL			USCB]	1	Director	10% Owner
(1.554)					Officer (give title below)	Other (specify below)
(Last)	(First)	()	3. Date of Earliest Transaction (Month/Day/Year)	1		
C/O USCB FIN	ANCIAL HOLDI	ION A USCB FINANCIAL HOLDINGS, INC. [(Middle) 3. Date of Earliest Transaction (Month/Day/Year) 09/16/2024				
2301 N.W. 87TI	H AVENUE					
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	idual or Joint/Group Filing (Check Applicable
(Street)					Form filed by One Report	ing Person
DORAL	FL	33172		v	Form filed by More than C	8
					Person	one reporting
(City)	(State)	(Zip)				

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			Securities		7. Nature of Indirect Beneficial Ownership
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
Class A Voting Common Stock	09/16/2024		Р		6,000	Α	\$14.61 ⁽¹⁾	12,000	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puis, cans, warrants, options, convertible securities)														
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (Right to Buy)	\$13.9							02/15/2023 ⁽²⁾	02/15/2032	Class A Voting Stock	5,000		5,000	D	

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. The shares were purchased in multiple transactions at prices ranging from \$14.60 to \$15.00, inclusive. The reporting person undertakes to provide to USCB Financial Holdings, Inc. ("USCB"), any securities holder of USCB, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the range set forth in this footnote.

2. The options vested fully on the first anniversary of the date of grant.

/s/ Robert Anderson by P.O.A. for Ramon A. Rodriguez

** Signature of Reporting Person Date

09/17/2024

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.