FORM 4

UN

Washington, D.C. 20549

NITED STATES SECURITIES AND EXCHANGE COMMISSION	III ED STATES SECURITES AND EXCHANGE COMMISSION
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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

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

Instruction 10.																					
1. Name and Address of Reporting Person* Anderson Robert B.						2. Issuer Name and Ticker or Trading Symbol USCB FINANCIAL HOLDINGS, INC. [USCB]										5. Relationship of Reporting (Check all applicable) Director Officer (give title				10% Ow Other (s	/ner
(Last) (First) (Middle) C/O USCB FINANCIAL HOLDINGS, INC. 2301 N.W. 87TH AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 10/28/2024											Executive VP and CFO				
(Street) DORAL FL 33172 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person												n			
		Tab	le I - Noi	n-Deriv	vative	e Se	curiti	es A	cqı	uired,	Dis	posed c	of, o	r Ben	eficia	ally C	Owned				
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L						ay/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Inst		Disposed O		ties Acquired (A) I Of (D) (Instr. 3, 4		nd	5. Amour Securitie Beneficia Owned F Reported	s ally ollowing	Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	٧	Amount (A) or P			Price	.	Transaction(s) (Instr. 3 and 4)				,5 4)
Class A V	oting Com	mon Stock		10/28	8/2024	2024			Α		25,000	25,000 ⁽¹⁾ A		\$	0	112,	12,204 ⁽²⁾		D		
			ive Securities Acquired, Disposed of, or Benefic uts, calls, warrants, options, convertible securitie									ially Owned									
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transaction Code (Instr 8)		5. Number of				Date		7. Title and Am of Securities Underlying Derivative Sec (Instr. 3 and 4)		es Security	Der	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)			Date Exercisable		Expiration Date	Title		Amoun or Numbe of Shares						
Options to Purchase Class A Voting Common Stock	\$8.75								09/	10/2021 ⁽	3) 0	9/10/2030	Vot Com	ss A ting nmon ock	30,000	0		30,000)	D	
Options to Purchase Class A Voting	\$12.05								09/	27/2022 ⁽	4) 0	9/27/2031	Vot Com	ss A ting nmon ock	60,00	0		60,000)	D	

Explanation of Responses:

- 1. Represents the grant of 25,000 shares of restricted stock which vest at a rate of one-third per year commencing on December 31, 2024.
- 2. Includes 4,127 shares of restricted stock which vest at a rate of one-third per year commencing on January 22, 2025, and 5,367 shares of restricted stock which vest at a rate of one-third per year commencing on March 8, 2024
- 3. The options vested at a rate of one-third per year commencing on September 10, 2021.
- $4. \ The \ options \ vest \ at \ a \ rate \ of \ one-third \ per \ year \ commencing \ on \ September \ 27, \ 2022.$

/s/ Robert Anderson

10/30/2024

** Signature of Reporting Person

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.