FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20040	OMB AP
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					OI	Secuo	n 30(n	) or the	e invesime	IL COI	mpany Ac	t 01 19 <sup>2</sup>	U							
Name and Address of Reporting Person*     Thian Fui Ming						2. Issuer Name <b>and</b> Ticker or Trading Symbol RBB Bancorp [ RBB ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Tilian Fur Willig								-					X Director 10% C				vner			
	ILSHIRE I	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/10/2020								Officer below)	(give title		Other (s below)	specify		
SUITE 1200						f Amer	ndmen	t Date	of Original	Filed	(Month/D	6 1	6. Individual or Joint/Group Filing (Check Applicable							
		4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)									
(Street) LOS ANGELES CA 90017															X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(	State)	(Zip)																	
		Tab	le I - Nor	-Deriv	ative	Sec	curiti	es A	cquired,	Dis	posed (	of, or	Ben	eficial	ly Owned	t				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Day/Year)   E		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Ins					Securiti Benefici Owned	5. Amount of Securities Beneficially Owned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		Price	Transaction(s) (Instr. 3 and 4)				(111341. 4)	
Common Stock, No Par Value 03/10						/2020		P		2,000	2,000 A		\$13.9	1 78	78,414		D			
		7	Table II - I						. ,			,		_	Owned					
			. (	e.g., p	uts,	calls	, wai	rrant	s, optior			ible s	ecur	ities)						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	n Date,	4. Transaction Code (Instr. 8)				Expiration Da			7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ully	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	C	Amount or Number of Shares						
Option (right to buy)	\$11.1498								(1)	0.	5/16/2022	Comn		10,763		10,763	3	D		
Option (right to buy)	\$11.1498								(2)	0.	5/15/2023	Comn		10,763		10,763	3	D		
Option (right to buy)	\$13.2098								(3)	0	5/21/2024	Comn		10,250		10,250	)	D		
Option (right to buy)	\$17.08								(4)	0	5/20/2025	Comn		10,000		10,000	)	D		
Option	\$18.25								(5)		5/17/2026	Comn	ion -	10 000		10.000		D		

## Explanation of Responses:

- 1. These options vest in three equal annual installments beginning one year after the 05/16/2012 date of grant.
- 2. These options vest in three equal annual installments beginning one year after the 05/15/2013 date of grant.
- 3. These options vest in three equal annual installments beginning one year after the 05/21/2014 date of grant.
- 4. These options vest in three equal annual installments beginning one year after the 05/20/2015 date of grant.
- $5. \ These \ options \ vest \ in three \ equal \ annual \ installments \ beginning \ one \ year \ after \ the \ 05/17/2016 \ date \ of \ grant.$

/s/ Fui Ming Thian

03/03/2021

\*\* 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 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.