FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* BROUGHTON THOMAS A						2. Issuer Name and Ticker or Trading Symbol ServisFirst Bancshares, Inc. [SFBS]								(Check	S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) 4229 OLD BRO	ast) (First) (Middle) 229 OLD BROOK TRAIL					3. Date of Earliest Transaction (Month/Day/Year) 03/14/2023								X	Officer (g below) Chair		Other (specify below)		-	
(Street) BIRMINGHAN (City)	AL (State)		35243 (Zip)				4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Ta	able I - No	n-De	rivati	ve S	ecuritie	es Acq	uired,	Disp	osed of	, or	Benefi	cially Ow	ned					
Date				ansaction nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				5. Amount Securities Beneficiall Following Transactio		Form:	nership Direct (D) lirect (I) 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount		(A) or (D)	Price	(Instr. 3 and 4)				(11150. 4)		
Common Stock 03/1					/14/2023				P		152		A	\$57.73(1)	55,138			I	By wife	
Common Stock														256,691 ⁽²⁾			D			
Common Stock														497,812			I	TAB2, LLC ⁽³⁾⁽⁴⁾		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date Execution Security (Instr. 3) or Exercise (Month/Day/Year) if any			3A. Deemed Execution Da if any (Month/Day/	Code (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amour Securities Underly Derivative Securit 3 and 4)		derlying	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securitie Beneficia Owned Following Reported Transacti	tive Ovities For Cially Di or I (I) ted	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	Nu		Amount or Number of Shares	(Instr. 4)		(-,			

Explanation of Responses:

- 1. The price reported in column 4 is a weighted average price. The shares were bought in multiple transactions ranging in price from \$57.68 to \$57.76, inclusive. The reporting person undertakes to provide ServisFirst Bancshares, Inc., any security holder of ServisFirst Bancshares, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares bought at each price set forth in this footnote to this Form
- 2. Includes 10,810 shares of restricted stock
- 3. Shares are held by a GRAT for the benefit of Mr. Broughton's children, for which Mr. Broughton retains the power of substitution.
- $4.\ Does\ not\ include\ 190,\!000\ shares\ held\ by\ TAB2,\ LLC\ and\ 300,\!000\ shares\ held\ by\ TAB3,\ LLC,\ which\ are\ managed\ by\ a\ third\ party\ manager.$

<u>Davis Mange, attorney-in-fact</u> <u>03/16/2023</u>

** 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.