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

#### 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 OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print of Type Responses)												
1. Name and Address FOSHEE WILLIA	2. Issuer Name an ServisFirst Ban			0 5		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X_Officer (give title below) CFO, EVP						
5120 STRATFOR	3. Date of Earliest 08/16/2022	Transactio	n (Mo	onth/Day/	Year)							
BIRMINGHAM,	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
DIKMINGHAM,							• • • • • • • • • • • • • • • •					
(City)	(State)	(Zip)	Ta	able I - No	on-De	rivative S	Securiti	es Acqu	uired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
			(Wonth Day Tear)	Code	v	Amount	(A) or (D)	Price	(Insu. 5 and 4)	or Indirect (I) (Instr. 4)	-	
Common Stock		08/16/2022		S		3,000	D	\$ 92.89	265,747 <u>(1)</u>	D		
Common Stock		08/16/2022		G	V	3,000	D	\$ 0	262,747 <u>(1)</u>	D		
Common Stock								24,000	Ι	By Wife		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1474 (9-02)

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 control number.

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

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Number		and Expirati	on Date	Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative	/e		Securities (Inst		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	ities			(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security					Acqu				4)			0	Direct (D)	
						(A) o							1	or Indirect	
						Disposed							Transaction(s)	< / .	
						· · ·	of (D)						(Instr. 4)	(Instr. 4)	
						(Instr. 3,									
						4, and 5)									
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								LACICISAUIC	Date		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

Dependence Opener Name / Addusse	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
FOSHEE WILLIAM M 5120 STRATFORD ROAD BIRMINGHAM, AL 35242			CFO, EVP						

## Signatures

Davis Mange, attorney-in-fact

\*\*Signature of Reporting Person

# **Explanation of Responses:**

- \* 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).
- (1) Includes 2,356 total shares of restricted stock

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.