

**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

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

1. Name and Address of Reporting Person* <u>K.I.S.S. Dynasty Trust No. 9</u>  (Last) (First) (Middle) <u>C/O STERLING BANCORP, INC.</u> <u>ONE TOWNE SQUARE, SUITE 1900</u>  (Street) <u>SOUTHFIELD MI 48076</u>  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>Sterling Bancorp, Inc. [ SBT ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) <u>12/04/2019</u>	
		6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, 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)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	12/04/2019		S <sup>(1)</sup>		400,000	D	\$9.48 <sup>(1)</sup>	12,107,732	D <sup>(2)</sup>	

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, 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. Transaction Code (Instr. 8)		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	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person\*  
K.I.S.S. Dynasty Trust No. 9  
 (Last) (First) (Middle)  
C/O STERLING BANCORP, INC.  
ONE TOWNE SQUARE, SUITE 1900  
 (Street)  
SOUTHFIELD MI 48076  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Rubenstein Erwin A.  
 (Last) (First) (Middle)  
C/O STERLING BANCORP, INC.  
ONE TOWNE SQUARE, SUITE 1900  
 (Street)  
SOUTHFIELD MI 48076  
 (City) (State) (Zip)

**Explanation of Responses:**

- The reporting person contributed the shares of common stock to an exchange fund in exchange for shares of the exchange fund. The common stock was valued at \$9.48 per share for the purpose of determining the number of shares of the exchange fund issuable to the reporting person.
- These shares are owned directly by the K.I.S.S. Dynasty Trust No. 9 and indirectly by Erwin A. Rubenstein as trustee of the trust.

/s/ Jeffrey H. Kuras, by Power 12/06/2019  
of Attorney for Erwin A.

Rubenstein as Trustee of the  
K.I.S.S. Dynasty Trust No. 9  
/s/ Jeffrey H. Kuras, by Power  
of Attorney for Erwin A. Rubenstein, Individually      12/06/2019

\*\* 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.**