FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington, D.O. 20040	OMB APPR		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:		
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OMB APPR	OVAL
OMB Number:	3235-0287
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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

msuuci	on I(b).			i iiet							npany Act			J -4			,			
Scott J. Seligman 1993 Long Term					2. Issuer Name and Ticker or Trading Symbol Sterling Bancorp, Inc. [SBT]							Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner								
<u>Irrevocable Dynasty Trust</u>																	er (give title			(specify
(Last) (First) (Middle) C/O STERLING BANCORP, INC.						3. Date of Earliest Transaction (Month/Day/Year) 12/04/2017									belov	N)		below)		
ONE TO	WNE SQU	ARE, SUITE 19	00		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) SOUTHFIELD MI 48076 (City) (State) (Zip)					Line) Form filed by One Reporting Pers X Form filed by More than One Rep Person															
(City)	(0.0					_											_			
			e I - Nor			_			_	Dis	posed o									
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					Execution Date,		3. Transaction Code (Instr. 2) 8				4 and Securi Benefi		ities Folicially (D		Ownership rm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	v	Amount (A) or (D)		Price	Transaction(s)		ction(s)			(111501.4)				
Common	Stock			12/04/	/2017				s ⁽¹⁾ 363,576 D		\$1	12	5,743,579			D ⁽²⁾				
		Та									sed of, onvertib				y Ow	vned				
perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any		4. Transa Code (8)		ı of	rative rities ired r osed)	6. Date Exercis Expiration Dat (Month/Day/Ye		e Amount of		str. 3	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Becenticially Owned Following Reported Transaction(s) (Instr. 4)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or	ount mber ares						
1. Name and Address of Reporting Person* Scott J. Seligman 1993 Long Term Irrevocable Dynasty Trust																				

1. Name and Address of Reporting Person* <u>Scott J. Seligman 1993 Long Term Irrevocable</u>										
<u>Dynasty Trust</u>										
(Last)	(First)	(Middle)								
C/O STERLING BANCORP, INC.										
ONE TOWNE SQUARE, SUITE 1900										
(Street)	(Street)									
SOUTHFIELD	SOUTHFIELD MI									
(City)	(Zip)									
Name and Address of Reporting Person*										
Rubenstein Erwin A.										
(Last) (First) (Middle)										
C/O STERLING BANCORP, INC.										
ONE TOWNE SQUARE, SUITE 1900										
(Street)										
SOUTHFIELD	SOUTHFIELD MI 48076									
(City)	(State)	(Zip)								

Explanation of Responses:

- 1. The shares were sold pursuant to an exercise of the underwriters' overallotment option in connection with the Issuer's initial public offering.
- 2. These shares are owned directly by the Scott J. Seligman 1993 Long Term Irrevocable Dynasty Trust and indirectly by Erwin A. Rubenstein as trustee of the trust.

of Attorney for Erwin A.
Rubenstein as Trustee of the
Scott J. Seligman 1993 Long
Term Irrevocable Dynasty
Trust

/s/ Jeffrey H. Kuras, by Power

of Attorney for Erwin A. 12/05/2017

Rubenstein

** 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.