FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| | Check this box if no longer subject to | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| ١ | Section 16. Form 4 or Form 5 obligations may continue. See | | | | | | | | |
| J | obligations may continue. See | | | | | | | | |
| | Instruction 1(h) | | | | | | | | |

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

| Name and Address of Reporting Person* <u>Wineman Benjamin J.</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Sterling Bancorp, Inc. [SBT] | | | | | | | | | 5. Relationship of Reporting Person(s) (Check all applicable) X Director 10 | | | | Issuer Owner | | |
|--|--|---------|------|-------------------|---|---|---|--|----------|---|-------|------|--|--|---|--|---|---|---|--|--|
| (Last) (First) (Middle) C/O STERLING BANCORP, INC. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/21/2017 | | | | | | | | | | er (give title v) | Oth belo | er (specify w) | | |
| ONE TOWNE SQUARE, SUITE 1900 | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) SOUTHFIELD MI 48076 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | . Amount of ecurities eneficially bwned Following leported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect t Beneficial Ownership (Instr. 4) | | |
| | | | | | | | v | Amount | (A (I | A) or O) | Price | , т | Transaction(s) (Instr. 3 and 4) | | | (11301.4) | | | | | |
| Common Stock 11/21/ | | | | | | 1/2017 | | | | | 10,00 | 0 |) A \$ | | 10,000 | | 0,000 | D | | | |
| 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) | ative Conversion Date Execution Date or Exercise (Month/Day/Year) if any | | | Date, ny/Year) | 4. Transaction Code (Instr. 8) | | of Deriving Security Acquired (A) of Dispriving of (D) (Instrument) | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Exercisable and Expiration Date Month/Day/Year) Date Expiration Date Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Number of Title Shares | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirec (I) (Instr. | Beneficial Ownership t (Instr. 4) | | |

Explanation of Responses:

/s/ Jeffrey H. Kuras, by Power of Attorney

12/28/2017

** Signature of Reporting Person

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.