FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* Chu Christie K | | | 2. Issuer Name and Ticker or Trading Symbol HANMI FINANCIAL CORP [HAFC] | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
|--|--|----------|--|---|---|-----------------------|--|--|--|--|
| (Last) (First) (Middle) 900 WILSHIRE BLVD., SUITE 1250 | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2023 | | Officer (give title below) | Other (specify below) | | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) LOS ANGELES CA 90017 | | 90017 | | X | Form filed by One Reporting Form filed by More than One | | | | | |
| (City) (State) (Zip) | | | Rule 10b5-1(c) Transaction Indication | | | | | | | |
| | | (Zip) | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Ad Disposed Of (D | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership |
|---------------------------------|--|--------------------------|---|------------------------------------|---------------|--------|--|---|-------------------------|
| | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | 05/24/2023 | A | | 4,334(1) | A | \$0.00 | 22,436 | D | |
| Common Stock | | | | | | | 985 | I | By IRA |

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 | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transac Code (In 8) | str. | n Derivative | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | Ownership Form: Direct (D) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|---|---|---------------------------------|------|--------------|-----|-------------------------------------|--------------------|--|-------------------------------------|--------------------------------------|--|----------------------------------|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | |

Explanation of Responses:

1. Restricted stock grant issued under the 2021 Equity Compensation Plan with vesting over one year from the grant date, May 24, 2023.

Remarks:

/s/ Christie Chu 05/26/2023

** 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.