FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	
Washington, D.C. 20549	

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10

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

Instruc		. D			2 1	eener	Name	and Tic	ker o	or Tradi	ina S	wmhol			5 R	lationshin (of Reportin	n Pers	eon(e) to less	ıer		
1. Name and Address of Reporting Person* Adams Joseph C.						2. Issuer Name and Ticker or Trading Symbol FS Bancorp, Inc. [FSBW]										Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Adams Joseph C.																Director			10% Ow	- 1		
(Last) (First) (Middle)							O Data of Facility of Taxas of the Atlanta (Atlanta (Atla										(give title		Other (s below)	pecity		
C/O FS BANCORP, INC.						3. Date of Earliest Transaction (Month/Day/Year) 11/06/2024										Director/CEO						
6920 220																						
		-	A Management Data of Ocioinal Filted (March (D. 24)										C. Individual or Joint/Croup Cities (Obsets Assissable									
(Street)	4. '	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)										
MOUNT TERRA	1/1	/A	98043													Form filed by One Reporting Person						
- I Little 1	.											Form filed by More than One Reporting Person										
(City) (State) (Zip)																						
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
" " " D				2. Transaction Date (Month/Day/Year)		ear) i	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Fransac Code (II		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)					es ally	Form (D) o	n: Direct r Indirect	7. Nature of Indirect Beneficial Ownership		
						ľ	(MOHUI/Day/Tear)		Ė		v	Amount	(A) (or P	rice	Reported Transaction(s) (Instr. 3 and 4)		(i) (iii) dii 4)		(Instr. 4)		
Common Stock					1/06/2024					J ⁽¹⁾		155	A	9	348.47	<u> </u>	1,062		D			
Common Stock				11/07	/07/2024					M		45,600	0 A		\$29.3	170	170,749		D			
Common Stock 11/0				11/07	7/2024					F		34,76	7 D	9	648.47	135,982		D				
Common Stock																17,546				By ESOP		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																						
				(e.g., p	outs,	call	s, wa	arrants	s, op	ption	s, c	onvertil	ble sec	uriti	es)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr 8)		of Deri Sec Acq (A) (Disp of (I	umber vative urities uired or oosed O) (Instr. and 5)	6. Date Exercis. Expiration Date (Month/Day/Yea			of Securitie		ities ng re Sec		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e s Ily	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
														or	ount							
					Code	v	(A)	(D)	Date Exer	e ercisabl		xpiration ate	Title	of	mber ares							
Stock Options (Right to Buy)	\$29.3	11/07/2024			M			45,600	08/1	15/201	8 0	8/15/2028	Common Stock	45	,600	\$0	85,76	0	D			

Explanation of Responses:

1. These shares were purchased under the Issuer's Nonqualified 2022 Stock Purchase Plan and includes a 25% match.

<u>/S/ Joseph C. Adams</u> <u>11/07/2024</u>

** Signature of Reporting Person Date

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

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.

^{*} 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).