FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| 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).

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* Dana Pamella J | | | | | | 2. Issuer Name and Ticker or Trading Symbol Amerant Bancorp Inc. [AMTB] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | |
|--|--|------------------|-------|------|---------------------------------|---|--|-----|---|--------|---|--|---------------|-------------------------------------|---|--|---|--|--|
| (Last) | (First) | , | ddle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/09/2021 | | | | | | | | | | r (give title | | Other (specify below) | |
| 220 ALHAMB | RA CIRCL | .E | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv | ridual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | |
| (Street) CORAL GABI | LES FL | 33 | 134 | | | | | | | | | | | | | , | • | One Reportin | g Person |
| (City) | (State) | (Zi _l | 0) | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | | th/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | Following | urities eficially Owned owing Reported | | direct (I) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | Transactio (Instr. 3 an | | | | (Instr. 4) |
| Class A Common Stock 06/0 | | | | | 09/202 | 021 A 2,191 ⁽¹⁾ | | A | \$0 | 16,292 | | | 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) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year) 3. Transaction Execution Date, if any (Month/Day/Year) | | | ate, | 4. Transac Code (In 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable an Expiration Date (Month/Day/Year) | | te | 7. Title and Amo Securities Unde Derivative Secu (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | | | |

Explanation of Responses:

1. On June 9, 2021, Dr. Dana was awarded 2,191 restricted stock units. Such restricted stock unit award will vest on the first anniversary of the date of the grant, provided that the grantee remains in continuous service as a director throughout such date.

Remarks:

/s/ Julio V. Pena, as Attorney-in-Fact for Pamella J. Dana

** Signature of Reporting Person Date

06/10/2021

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.