FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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|---|--------------------------|-----|--|--|--|--|--|--|--|
| l | OMB APPROVAL | | | | | | | | |
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| l | OMB Number: 3235-0 | | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

| | Check this box if no longer subjec |
|--------|------------------------------------|
| \neg | 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

| 1. Name and Address of Reporting Person* BARNETT STEVEN L | | | | | 2. Issuer Name and Ticker or Trading Symbol Sterling Check Corp. [STER] | | | | | | | | | | all app Direc | onship of Reporti all applicable) Director | | 10% O | wner |
|--|---|--|-------------|---|--|---|---|---------------------------------|---|--------|---|---------------|--|---|---|--|--|---|--|
| (Last) STERLI | st) (First) (Middle) ERLING CHECK CORP. | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2023 | | | | | | | | | Officer (give title below) See R | | Other (sp below) emarks | | specify |
| 6150 OAK TREE BOULEVARD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) INDEPENDENCE OH 44131 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) (State) (Zip) | | | | | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | |
| | | | | | | | | | | | ansaction wa ditions of Rul | | | | | ruction or wri | tten pla | an that is int | ended to |
| | | Table | I - N | Non-Deriva | tive S | ecu | rities | Acc | quire | ed, Di | sposed | of, or | Benefic | cially | Owr | ned | | | |
| Date | | | | 2. Transaction Date (Month/Day/Yea | 2A. Deeme Execution ar) if any (Month/Da | | n Date, Tr | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | nd 5) Secui Bene Owne Follo | | icially d ving | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | С | ode | v | Amount | (A) or (D) | Price | Repor Transa (Instr. | | rted action(s) 3 and 4) | | | |
| Common Stock 08/10/202 | | | | | 3 | | | S | | 10,000 | D | \$13.199 | 1999 ⁽¹⁾ | | 70,535 | | D | | |
| | | Tab | le I | II - Derivativ (e.g., put | | | | | | | • | | | • | Owne | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Exe if a | Deemed ecution Date, ny onth/Day/Year) | 4. Transa Code (8) | | 5. Numl of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | ative rities ired osed | r Expirat (Month ive ies ed | | Exercisable and ion Date //Day/Year) | | cle and unt of urities erlying vative urity r. 3 and 4) Amount or Number of | t | | | | 10. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

1. This transaction was executed in multiple trades with sales prices ranging from \$13.1000 to \$13.2950. The price reported above reflects the weighted average sales price.

Remarks

Mr. Barnett is the Executive Vice President, Secretary and Chief Legal & Risk Officer of Sterling Check Corp.

<u>/s/ Steven L. Barnett</u> <u>08/11/2023</u>

** 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.