FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,

ton D.C. 20540	
ton, D.C. 20549	OMB AF

OMB APP	ROVAL
OMB Number:	3235-0287
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hours per response	e: 0.5

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 10b5-10b (10b).

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

	ee Instruction 1																			
Name and Address of Reporting Person*     Strong Theresa					2. Issuer Name <b>and</b> Ticker or Trading Symbol Sterling Check Corp. [ STER ]										Relationship of Reporting Person(s) to Issuer (Check all applicable)      Director 10% Owner					
															_ Office	er (give title		Other (s	-	
(Last)	(Fir	st) (I		3. Date of Earliest Transaction (Month/Day/Year)									- 5		below)		below)	эрсону		
(Last) (First) (Middle) STERLING CHECK CORP.					09/22/2024										See Remarks					
		OULEVARD, S	UITE 4	490																
——————————————————————————————————————					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable						
(Street)														Line	<u></u>	file al le O	- D	ti D		
INDEPE	NDENCE (	OH	44131											1	Form filed by One Reporting Person					
															Form filed by More than One Reporting Person					
(City)	(St	ate) (2	Zip)																	
		Table	I - No	n-Deriva	tive S	Secui	rities	Acq	uired,	Dis	posed of	, or I	3ene	eficia	ly Own	ed				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)				Execution		Deemed cution Date, ly nth/Day/Year)		3. 4. Securities Acqu Transaction Disposed Of (D) (I Code (Instr. 8)					Benefic Owned	ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) (D)	(A) or (D)		Transa	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)		
Common Stock 09/22/2					2024			F <sup>(1)</sup>		407	Ι	D \$16.87		7 80,902			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)  (Month/Day/Year)  3A. Deemed Execution Date, if any (Month/Day/Year)				ion Date,	4. Transaction Code (Instr. 8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		(	s. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership t (Instr. 4)	
			Code	v	(A)	(D)	Date Exercise	ablo	Expiration Date	Title	or Nun of	.								

## **Explanation of Responses:**

1. Represents shares withheld in connection with the vesting of restricted shares to cover tax withholding obligations

## Remarks:

Ms. Strong is the Chief Accounting Officer of Sterling Check Corp.

/s/ Amanda DeGasperi,

Attorney-in-Fact for Theresa 09/24/2024

Strong

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.