FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| 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

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

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  | nd Address of<br><u>RICHA</u>   | Reporting Person*                          |                  |                                   |   |      |   |       | er or Tra<br>AL C  |       | Symbol [ CVBF ]                       | ]  |                       |   | k all app<br>Direc   | tor   |                            | 10% Ov   | wner   |
|--|---|--|------------------|-----------------------------------|---|------|---|-------|--|-------|---------------------------------------|--|-----------------------|---|--|---|----------------------------|--|--|
| (Last)<br>701 N. H   | (Fii  | ,  | Middle)          |                                   | 3. Date of Earliest Transaction (Month/Day/Year) 03/25/2023   |      |   |       |  |       |                                       |  | X                     | belov   | Officer (give title Other (specify below)  EVP & General Counsel |   |                            |  |  |
| (Street) ONTARIO CA 91764                                  |   |  |                  |                                   | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |      |   |       |  |       |                                       | )  | 6. Indi<br>Line)<br>X | -/  |  |   |                            |  |  |
| (City)   | (St   | ate) (Z                                    | Zip)             |                                   | Rule 10b5-1(c) Transaction Indication  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 - No           | n-Deriva                          | ative S   | Secu | rities  | Acq   | uired,   | , Dis | posed of                              | , or E   | Benefi                | icially   | / Own  | ed  |                            |  |  |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |   |  | y/Year) Executio |                                   | ution Date,   |      |   |       | es Acquired (A)<br>Of (D) (Instr. 3, 4                         |       | and Securi<br>Benefi<br>Owner         |  | cially<br>I Following | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership   |                            |  |  |
|  |   |  |                  |                                   |   |      |   |       | Code   | v     | Amount                                | (A)<br>(D)   | or Pri                | ice   |  | ted<br>action(s)<br>3 and 4)  |                            |  | (Instr. 4)   |
| Common Stock 03/25/2                                       |   |  |                  |                                   | 2023 F 1,000 <sup>(1)</sup> D S   |      | \$1   | 17.08 | 8 25,999.642   |       | D                                     |  |                       |   |  |   |                            |  |  |
|  |   | Tal  | ble II -         |                                   |   |      |   |       |  |       | osed of, convertib                    |  |                       |   | Owne   | d   |                            |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | if any           | emed<br>tion Date,<br>n/Day/Year) | 4. Transaction Code (Instr. 8)  8)  5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  Code V (A) (D)  |      | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 |       | 6. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |       |                                       | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |                       | De<br>Se<br>(In:  | Price of<br>rivative<br>curity<br>str. 5)                        | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Own<br>For<br>Dire<br>or I | nership<br>m:<br>ect (D)<br>ndirect<br>Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |   |  |                  |                                   |   |      | Date<br>Exercis   | able  | Expiration<br>Date   | Title | Amour<br>or<br>Number<br>of<br>Shares | er   |                       |   |  |   |                            |  |  |

## **Explanation of Responses:**

1. Withholding of shares of RSA vested on 3/25/2023 to pay for taxes due on vested amount.

03/28/2023 /s/ Richard H Wohl

\*\* Signature of Reporting Person

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.