Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per respons | e 0.5 | | | | | | | | | |

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

| | nd Address of RICHAL | Reporting Person* | | | | | | | er or Tra | | Symbol [CVBF] |] | | | k all app Direc | licable) tor | ng Pe | rson(s) to Is | vner |
|---|--|-------------------|---------|---|--|--|------|----------|--|-------------------------------------|--|---|-----------------------------------|--|---|--------------------------------------|--|-----------------------------------|------------|
| (Last) 701 N. H | (Fir | , | Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/24/2024 | | | | | | | | X | belov | er (give title v) VP & Ger | neral | Other (s below) Counsel | specify | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) ONTAR | O CA | . 9 | 1764 | | | | | | | | | | | X | | , | | oorting Pers | |
| | | | 1701 | | | | | | | | | | | | Form Perso | | re tha | an One Repo | orting |
| (City) (State) (Zip) Rule 10b5-1(c) Transaction I | | | | | | | | ion Indi | catio | n | ı | | | | | | | | |
| | | | | | | 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 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | ay/Year) Exec | | Deemed ecution Date, any onth/Day/Year) | | | | es Acquired (A Of (D) (Instr. 3, | | | Securit Benefic Owned | Amount of curities neficially ned Following | | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | rice | Report Transa (Instr. 3 | ed ction(s) 3 and 4) | | | (Instr. 4) |
| Common Stock 01/24/ | | | | /2024 | | | A | | 9,220 | 9,220 A | | \$0 | 34,719.642 | | | 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) (Month/Day/Year) | | | | on Date, Transaction Code (Instr. | | | n of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | |
| | | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amou or Numb of Share | er | | | | | |

Explanation of Responses:

/s/ Richard H. Wohl

01/26/2024

** 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.