

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 +	2. Date of Event Requiring Statement (MM/DD/YYYY)	3. Issuer Name and Ticker or Trading Symbol			
Segarra Ann M 10/27/2023		LAKE SHORE BANCORP, INC. [LSBK]			
(Last) (First) (Middle)	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
31 EAST FOURTH STREET	_X_ Director Officer (give title below)	10% Owner Other (specify below)			
(Street) DUNKIRK, NY 14048	5. If Amendment, Date 6. Individual or Joint/Group Filing(Check Applicable Line) Original Filed(MM/DD/YYYY) -X_Form filed by One Reporting Person				
(City) (State) (Zip)					

Table I - Non-Derivative Securities Beneficially Owned

(Instr. 4)	Beneficially Owned	-	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	0	D	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

5						1	6. Nature of Indirect	
	1		5.0			Form of Derivative	Beneficial Ownership (Instr. 5)	
						Security: Direct (D) or		
	Date Exercisable	1	Title	Amount or Number of Shares	5	Indirect (I) (Instr. 5)		

Explanation of Responses:

Reporting Owners

Remarting Operan Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Segarra Ann M 31 EAST FOURTH STREET DUNKIRK, NY 14048	X					

Signatures

$/ {\rm s} /$ Benjamin M. Azoff, pursuant to power of attorney	10/31/2023

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 5(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).

Date

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 control number.