### FORM 4

☐ 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 that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden

hours per response... 0.5

## STATEMENT OF CHANGES IN 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.	2. Issuer Name <b>and</b> Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Segarra Ann M					LAKE SHORE BANCORP, INC. [ LSBK ]							_X_ Director10% Owner					
(Last) (First) (Middle)			3.	3. Date of Earliest Transaction (MM/DD/YYYY)						Officer (giv	e title below	v)Otl	ner (specify l	pelow)			
31 EAST FOURTH STREET					4/23/2024												
(Street)			4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)						YY)	6. Individual or Joint/Group Filing (Check Applicable Line)						
DUNKIRK, NY 14048										X _ Form filed by One Reporting Person Form filed by More than One Reporting Person							
(C	City) (Sta	te) (Zi	p)									To mined by More than one reporting					
			Table I	- Non-De	rivat	ive Secu	ırities Acc	quire	ed, Di	sposed o	f, or l	Bene	eficially Owne	d			
1.Title of Security (Instr. 3)		2. Trans. Date	Date 2A. Deemed Execution Date, if any		3. Trans. Co (Instr. 8)	de	4. Securities Acqu or Disposed of (D (Instr. 3, 4 and 5)		D) Fol		Amount of Securities Beneficially Owned ollowing Reported Transaction(s) nstr. 3 and 4)			Ownership Form: of Ind Benef	7. Nature of Indirect Beneficial Ownership		
							Code	V	Amou	nt (A) o	r Prio	ce				or Indirect (I) (Instr. 4)	(Instr. 4)
Common Stock				4/23/2024			A		131	( <u>1</u> ) A	\$	80			131	D	
	Tab	le II - Dei	rivative	Securities	Ben	eficially	Owned (a	e.g.,	puts,	calls, wa	ırrant	ts, oj	ptions, conver	tible secu	urities)		
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative Security  Execution Date, if any  Execution Date, if any  Conversion or Exercise Price of Derivative Security  Execution Date, if any  Conversion Date, i		Expirati	xpiration Date Securities Uperivative (Instr. 3 and			Underlying Security d 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)						
				Code	V	(A)	(D)	Date Exer	e rcisable	Expiration Date		Amo	ount or Number of es		Transaction(s) (Instr. 4)	(I) (Instr. 4)	

#### **Explanation of Responses:**

(1) Shares of restricted stock vest on April 23, 2025

**Reporting Owners** 

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

### **Signatures**

/s/ Taylor M. Gilden, Pursuant to Power of Attorney	4/25/202
**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 control number.