

REPUBLIC BANCORP INC /KY/

Reported by
SIPES KEVIN D

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 01/22/26 for the Period Ending 01/20/26

Address	REPUBLIC CORPORATE CENTER 601 WEST MARKET ST LOUISVILLE, KY, 40202
Telephone	5025843600
CIK	0000921557
Symbol	RBCAA
SIC Code	6022 - State Commercial Banks
Industry	Banks
Sector	Financials
Fiscal Year	12/31

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*.

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

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

1. Name and Address of Reporting Person [*]		2. Issuer Name and Ticker or Trading Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)	
SIPES KEVIN D		REPUBLIC BANCORP INC /KY/ [RBCAA]		<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	<input checked="" type="checkbox"/> Officer (give title below)	Other (specify below)
601 W MARKET ST		1/20/2026		EVP & CHIEF FINANCIAL OFFICER	
(Street)		4. If Amendment, Date Original Filed (MM/DD/YYYY)		6. Individual or Joint/Group Filing (Check Applicable Line)	
LOUISVILLE, KY 40202				<input checked="" type="checkbox"/> Form filed by One Reporting Person	<input type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)			

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Trans. Date	3A. Deemed Execution Date, if any	3. Trans. Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form of Indirect Beneficial Ownership Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership Plan (Instr. 4)
				Code	V	Amount		
Class A Common Stock	1/20/2026			A		\$25	A	\$0
Class A Common Stock								

Table II - Derivative Securities 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. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercisable and Expiration Date	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership Plan (Instr. 4)
Employee Stock Option (right to buy)	\$71.36	1/20/2026		A	2,873	1/1/2029	1/1/2032	Class A Common Stock	2,873	\$71.36	2,873 D
Employee Stock Option (right to buy)	\$42.74					12/31/2025	12/31/2026	Class A Common Stock	5,376		5,376 D
Employee Stock Option (right to buy)	\$49.25					1/1/2027	1/1/2030	Class A Common Stock	4,484		4,484 D
Employee Stock Option (right to buy)	\$68.02					1/1/2028	1/1/2031	Class A Common Stock	3,244		3,244 D

Explanation of Responses:

(1) Reflects additional dividend equivalent rights acquired since the date of the Reporting Person's last ownership report.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SIPES KEVIN D 601 W MARKET ST LOUISVILLE, KY 40202			EVP & CHIEF FINANCIAL OFFICER	

Signatures

/s/ Kevin Sipes **1/22/2026**

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.