FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

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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Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	

**OMB APPROVAL** OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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1. Name and Address of Reporting Person*  Newsom Mikella D				SO	2. Issuer Name <b>and</b> Ticker or Trading Symbol SOUTH PLAINS FINANCIAL, INC. SPFI								(Chec	k all app	licable) tor	Ü	10% O	wner	
(Lact) (Firet) (Middle)				<u></u>	,								1	Officer (give title below)			Other ( below)		
(Last) (First) (Middle) 5219 CITY BANK PARKWAY					3. Date of Earliest Transaction (Month/Day/Year) 03/18/2025									Chief Risk Officer & Secretary					
(Street) LUBBOCK TX 79407-3544					4. If <i>I</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City)	(St	ate) (Ž	Zip)																
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or E	Benefi	ciall	y Own	ed			
Dat			2. Transac Date (Month/Da	Day/Year) if an		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Dispose Code (Instr. 8)		Disposed (	ies Acquired (A) o Of (D) (Instr. 3, 4 a		4 and Securit Benefic		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	v	Amount	(A) (D)	or Pri	ce	Transa	nsaction(s) str. 3 and 4)			(111501. 4)	
Common Stock			03/18/	2025				A		320	A	<b>A</b>	\$0 2		22,849(1)			By Spouse <sup>(2)</sup>	
Common Stock														46,516 <sup>(1)</sup>			D		
		Tal									osed of, convertib				Owne	d			
Derivative Conversion Date Security Or Exercise (Month/Day/Year) if ar		if any	on Date, Transac Code (I Day/Year)					6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code		(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amour or Number of Shares	r					

## **Explanation of Responses:**

- 1. The shares reported include restricted stock units that may be settled only by delivery of an equal number of shares of common stock and which are subject to vesting and forfeiture conditions.
- 2. Shares owned by the Reporting Person's spouse, who is also an employee of the Issuer.

## Remarks:

REPORTING PERSON'S SPOUSE'S TRANSACTIONS: This Form 4 is late with respect to reporting the grant of restricted stock units by the Issuer to the Reporting Person's spouse. The Reporting Person did not timely report this acquisition by the Reporting Person's spouse due to inadvertent administrative error.

> 03/24/2025 /s/ Mikella D. Newsom

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.