FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours por rosponso:	0.5								

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

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* Robinson Andrew S (Last) (First) (Middle)						Issuer Name and Ticker or Trading Symbol Skyward Specialty Insurance Group, Inc. [SKWD] Date of Earliest Transaction (Month/Day/Year)								elationship of the ck all applications of the ck all application of the ck all applications of the ck	able)	g Pers	10% Ov Other (s below)	ner
800 GESS		05/09/2024								CHAIRMAN & CEO								
SUITE 60	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)								
(Street) HOUSTO	N TX	7	7024											X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	Ru	Rule 10b5-1(c) Transaction Indication																
Check this box to indicate that a transaction was made pursuant to the affirmative defense conditions of Rule 10b5-1(c). See Instruction																		
		Tabl	e I - No	n-Deriv	ative	Sec	uriti	es Acc	quired	, Dis	sposed of	f, or Ber	eficially	/ Owned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 in the control of th				5. Amour Securitie Beneficia Owned F	s illy ollowing	Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Transacti (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock 05/09/2					2024			М		59,804	A	(1)	106	106,687		D		
Common Stock 05/10/2					/2024	2024			S ⁽²⁾		23,533	D	\$37.21	83,	154		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)	3A. Deer Execution if any (Month/E		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title am of Securit Underlyin Derivative (Instr. 3 ar	ies g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares					
2021 LTIP - Performance Share Units	(1)	05/09/2024			M		59,804		(1)		(1)	Common Stock	59,804	\$0	0		D	

Explanation of Responses:

- 1. Upon vesting, each Performance Stock Unit ("PSU") settles for one share of the Company's common stock.
- 2. Sales to cover taxes and fees incurred in connection with the vesting of the Reporting Person's PSUs reported on this Form 4.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$37.17 to \$37.27, inclusive. The Reporting Person undertakes to provide the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range set forth above.

/s/ Stacy E. Skelton, Attorneyin-Fact

05/13/2024

** 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.