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.

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

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 and Ticker or Trading Symbol									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Hunt Timothy				St	Sterling Real Estate Trust [NONE]									11	,		_			
(Last) (First) (Middle)					3.	3. Date of Earliest Transaction (MM/DD/YYYY)									Director10% Owner Officer (give title below) X Other (specify below)					
4340 18TH A	VE S, SI	UITE 2	00					1	10/15/	2(025			TRUSTE	·C	_A_	_ 011	iei (spee	ny ociow)	
	(Stre				4.	IfA	mendn	nent, Da	te Orig	ina	al Filed (N	/M/DD/	YYYY	6. Individu	al or Join	t/Group Fili	ng (Check A	pplicable Line)	
FARGO, ND	58103															eporting Person an One Reporti		erson		
(0	City) (Sta	ite) (Z	Zip)											Torni inco	1 by More th	an One Reporti	ng i	CISOII		
			Table	I - Nor	n-De	riva	itive Se	curities	s Acqui	ire	ed, Dispos	ed of,	or Be	neficially Ov	vned					
1. Title of Security (Instr. 3)			Date	2A. Deemed Execution Date, if any		3. Tran (Instr. 8		4. Securities Disposed of (Instr. 3, 4 an		(D) Fol			ollowing Reported Transaction(s) Ownership of Instr. 3 and 4) Form: Ownership of Instr. 3 and 4)			Beneficial				
								Cod	e V		Amount	(A) or (D)	Price						ect (Instr. 4)	
Common Shares				10/15/2	025			A		9	915.4543 ⁽¹⁾	A	\$22.8			136,048.74	471	D		
Common Shares																5,386.1	181	I	By Wife	
	Tab	ole II - De	erivativ	e Secur	rities	Bei	neficial	ly Own	ed (<i>e.g</i>	.,]	puts, calls	s, warı	rants,	options, con	vertible s	ecurities)				
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deer Execution Date, if a		e	5. Number Derivative Securities A (A) or Disp (D) (Instr. 3, 4 a		Acquired sposed of	Acquired oosed of		ercisable tion 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	For Der Sec Dir	nership m of	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Со	ode	v	(A)	(D)	Date Exercisa	ıble	Expiration Date	Title		amount or Jumber of Shares		Transaction(s) (Instr. 4)				
Limited Partnership Units	\$24								(2).		(3)	Comn Shar	-	22,330.2843		22,330.2843		I	Pamela J Hunt & Timothy A Hunt TR UA12/23/2003 Pamela J Hunt Revocable Trust	

Explanation of Responses:

- (1) Includes shares acquired on 10/15/2025 under the dividend investment plan
- (2) The units are subject to exchange or redemption pursuant to the terms of the LLLP Agreement and the applicable redemption plan.
- (3) These derivative securities do not have an expiration date.

Reporting Owners

Reporting Owners								
Penarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Hunt Timothy								
4340 18TH AVE S				TRUSTEE				
SUITE 200				IKUSILL				
FARGO, ND 58103								

Signatures

Michael P. Carlson, as Attorney-in-Fact for Timothy A. Hunt pursuant to Power of Attorney previously filed

10/17/2025

**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.