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. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
Wieland Jan	ies				Ste	rling R	eal Es	tate T	ru	ust [NO	ONE]					
(Last) (First) (Middle)					3. D	3. Date of Earliest Transaction (MM/DD/YYYY)							Director10% Owner				
4340 18TH AVE S, SUITE 200				4/21/2025							TRUSTEE	Officer (give title below)X Other (specify below) TRUSTEE					
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)) 6. Individual	6. Individual or Joint/Group Filing (Check Applicable Line)					
FARGO, ND	58103												_X _ Form filed		orting Person One Reporting F	Person	
(C	ity) (Sta	te) (2	Zip)										roini incu t	by whole that	one Reporting 1	CISOII	
			Table	I - Non-	Deri	vative Se	curities	s Acquir	rec	d, Dispos	ed of,	or B	eneficially Owr	ıed			
1. Title of Security (Instr. 3)			2. Trans. I	Date 2A. Deemed Execution Date, if any			3. Trans. Code (Instr. 8)		or Disposed of (D)			ollowing Reported Transaction(s) Ownership of India nstr. 3 and 4) Form: Ownership of India			7. Nature of Indirect Beneficial Ownership		
						Со	de V		Amount	(A) or (D) Price							
Common Shares			4/21/20	025		0	G		791	D	\$0			191,684.2329	D		
	Tab	Ja II – Da	rivotivo	Securit	ios F	Ranaficial	lly Own	ad (a a	'n	oute call	s war	rants	, options, conv	artible se	curities)	!	!
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	on Date Sx Da		emed 4. Trans.		s. 5. Number of Derivative		6. Date Exercisa and Expiration I		ercisable	le 7. Title and Amo		mount of Securities Derivative Security		9. Number of derivative Securities Beneficially Owned Following	Ownership Form of Derivative (Security: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	e V	(A)	(D)	Date Exercisal	ble	Expiration Date	Title		Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect (I) (Instr. 4)	
Limited Partnership Units	\$24 ⁽¹⁾							<u>(1)</u>		(2)	Com: Shar		1,097,319.8131		1,097,319.8131	D	
Limited Partnership units	\$24 ⁽¹⁾							<u>(1)</u>		<u>(2)</u>	Comi Shai		35,408.425		35,408.425	I	JKD, Inc. ⁽³⁾
Limited Partnership Units	\$24 ⁽¹⁾							(1)		<u>(2)</u>	Comi	-	11,665.016		11,665.016	I	James S. Wieland LLC (4)
Limited Partnership Units	\$24 <u>(1)</u>							(1)		(2)	Comi	-	756,756		756,756	I	Wieland Legacy Trust (4)

Explanation of Responses:

- (1) The units are subject to exchange or redemption pursuant to the terms of the LLLP Agreement and the applicable redemption plan.
- (2) These derivative securities do not have an expiration date.
- (3) The Reporting Person has an ownership interest in JKD, Inc.
- (4) The Reporting Person has voting control over these units.

Reporting Owners

Reporting Owner Name / Address	Relationships						
reporting Owner Ivame / Address	Director	10% Owner	Officer	Other			
Wieland James							

4340 18TH AVE S		TDUCTEE
SUITE 200		TRUSTEE
FARGO, ND 58103		

Signatures

Michael P. Carlson, as Attorney-in-Fact for James Wieland pursuant to Power of Attorney previously filed

4/23/2025

**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.