FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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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

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1. Name and Address of Reporting Person* FRYE PATRICK						2. Issuer Name and Ticker or Trading Symbol SUMMIT FINANCIAL GROUP, INC. [SMMF]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below)					
(Last) PO BOX 8	(Firs	rst) (Middle)				ate of I 20/20		st Trai	nsaction	ı (Mont	h/Day/Year)		Ex. VP & Chief of Credit Admin						
(Street) MOOREFIELD WV 26836					723/20	, Date	of Orig	inal Fil	ed (Month/Day		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(Sta		Zip)	Nan Bani	4:	. 0		^			:	f D-							
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				on	2A. Deemed Execution Date,		ıte,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		A) or	5. Amount of		6. Ownersl Form: Dire (D) or Indii (I) (Instr. 4)	ct Indirect ect Beneficial Ownership			
									Code	v	Amount	(A) or (D) Price				(insu.	(Instr. 4)		
Common S	tock			05/20/202	22 ⁽²⁾	(2)			J ⁽³⁾		1,571.1543	A	\$0	13,334.52	16	I	By E	By ESOP	
Common Stock														23,215		D			
Common Stock													1,500 ⁽⁴⁾		I	1	As CUST for grandchildren		
		Т	able						•	•	posed of, , convertib			•					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date	Exec if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		rative rrities pired r osed) r. 3, 4	Expira	e Exerc ation Da h/Day/\		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		Derivative Security	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er					
Stock- Settled Stock Appreciation Rights	\$12.01								04/22/2016 ⁽¹⁾		04/23/2025	Common Stock	3,522	.6		3,522.6	D		
Stock- Settled Stock Appreciation Rights	\$26.01								02/09/	/2018 ⁽¹⁾	02/09/2027	Common Stock	5,60	4		5,604	D		
Stock- Settled Stock Appreciation Rights	\$23.94								02/07/	/2020 ⁽¹⁾	02/07/2029	Common Stock	11,51	.5		11,515	D		
Stock- Settled Stock Appreciation Rights	\$21.85								07/15	/2022 ⁽¹⁾	07/15/2031	Common Stock	16,67	77		16,677	D		

Explanation of Responses:

- 1. SAR vests in 5 equal annual installments with the beginning date indicated.
- $2. \ The information \ reported \ herein \ is \ based \ on \ a \ plan \ statement \ dated \ 12/31/2021 \ received \ in \ May \ 2022.$
- 3. Between January 1, 2021 and December 31, 2021, acquired 1,571.1543 shares of Summit Common Stock under the Summit Financial Group, Inc. Employee Stock Ownership Plan
- 4. The reporting person inadvertently omitted reporting on his original Form 4 his indirect holding of 1,500 shares as custodian for grandchildren.

Teresa D. Ely, Lmtd POA, 12/30/2022 Attorney-in-Fact

** 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.