

OMB APPROVAL	
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**INITIAL STATEMENT OF 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* <u>HELLMAN THEODORE A</u> <hr/> (Last) (First) (Middle) <u>425 MARKET STREET, 26TH FLOOR</u> <hr/> (Street) <u>SAN FRANCISCO CA 94105</u> <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) <u>12/07/2017</u>	3. Issuer Name and Ticker or Trading Symbol <u>Luther Burbank Corp [ LBC ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
COMMON STOCK	0	I <sup>(1)</sup> (2)	Reporting persons as Co-Trustees <sup>(1)(2)</sup>

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date				

1. Name and Address of Reporting Person* <u>HELLMAN THEODORE A</u> <hr/> (Last) (First) (Middle) <u>425 MARKET STREET, 26TH FLOOR</u> <hr/> (Street) <u>SAN FRANCISCO CA 94105</u> <hr/> (City) (State) (Zip)		
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1. Name and Address of Reporting Person* <u>HAMANN JOHN FRANCIS</u> <hr/> (Last) (First) (Middle) <u>P.O. BOX NN</u> <hr/> (Street) <u>SANTA ROSA CA 95402</u> <hr/> (City) (State) (Zip)		
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Explanation of Responses:

1. The Reporting Persons are the Co-Trustees of the Madelyne Victoria Trione Trust, Victor Henry David Trione Trust, The Sally Patricia Trione 1997 Irrevocable Trust, The Denise Catherine Trione 1997 Irrevocable Trust, and The Henry Mark Trione 1997 Irrevocable Trust (collectively, the "Adult Children Trusts"), which, in the aggregate, are the direct owners of 24,780,000 shares of Common Stock of the Issuer. As the Co-Trustees of each of the Adult Children Trusts, the Reporting Persons have voting and dispositive power over these shares and may be deemed to be the indirect beneficial owner of such shares under Rule 16a-1(a)(2) promulgated under the Securities Exchange Act of 1934.

2. (Continued from footnote 1) However, neither of the Reporting Persons are beneficiaries of any of the Adult Children Trusts. Each of the Reporting Persons disclaims beneficial ownership of any of the Issuer's securities held directly by the Adult Children Trusts and have no pecuniary interest therein, and this report shall not be deemed an admission that either of the Reporting Persons is the beneficial owner of such securities for purposes of Section 16 or any other purpose.

**Remarks:**

/s/ Theodore A. Hellman                      12/07/2017

/s/ John Francis Hamann                      12/07/2017

\*\* 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 5 (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.**