SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF** SECURITIES

OMB APPROVAL

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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 <sup>*</sup> Lindarev Anguel	2. Date of E Requiring S (Month/Day 03/18/202	tatement /Year)	ment Capital Bancorn Inc [CBNK]				
(Last) (First) (Middle) 2275 RESEARCH BLVD			4. Relationship of Reporting Issuer (Check all applicable) Director	Person(s) to		5. If Amendment, Date of Original Filed (Month/Day/Year)	
SUITE 600 (Street)			X Officer (give title below) EVP, Chief Informa	Other below)	(specify (C	Individual or Joint/Group Filing Check Applicable Line) X Form filed by One Reporting Person	
ROCKVILLE MD 20850						Form filed Reporting	by More than One Person
(City) (State) (Zip)							
Table I - Non-Derivative Securities Beneficially Owned							
			2. Amount of Securities Beneficially Owned (Instr. I)			I. Nature of Indirect Beneficial Dwnership (Instr. 5)	
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)		ate	(Instr. 4)		4. Conversior or Exercise Price of	Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date			Derivative	Direct (D) or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

**Remarks:** 

No securities are beneficially owned.

/s<u>/ Eric Martin, as</u> Attorney-in-Fact

03/22/2024

\*\* 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 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.