FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
-----------	------------	---------------	-----------

OMB APP	OMB APPROVAL								
OMB Number:	3235-0287								
Estimated average burden									
hours nor recogness.	0.5								

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* Perrine Constance E						2. Issuer Name and Ticker or Trading Symbol Capital Bancorp Inc [CBNK]										Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Permie Constance E															Directo			10% Ow	·		
,	3. [3. Date of Earliest Transaction (Month/Day/Year)								7	X Officer below)	(give title		Other (s below)	pecify						
(Last) (First) (Middle) 2275 RESEARCH BLVD.					10/	10/11/2023										20.0.1,	SVP 8	& CA	,		
SUITE 6	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)									
																X Form filed by One Reporting Person					
(Street) ROCKVILLE MD 20850						Form filed by More than One Reporting Person															
(City) (State) (Zip)					Rı	Rule 10b5-1(c) Transaction Indication															
						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.															
		Tab	le I - Noi	n-Deri\	ative	e Se	curiti	es A	cqu	ıired, I	Dis	posed o	f, or	Ben	eficiall	y Owned	ı ,				
1. Title of Security (Instr. 3) 2. Trans: Date (Month/It					ay/Year) Ex		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				es For ally (D) Following (I) (: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount (A) or (D)		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			Instr. 4)		
Common Stock 10				10/13	1/2023	/2023				M		250	250		\$11.38	8 1,	1,880		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transa Code (I 8)		n of E		Exp	6. Date Exercisab Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat Exe	e ercisable		expiration Date	Title		Amount or Number of Shares						
Stock Options	\$11.38	10/11/2023			M			250	12/3	31/2019 ⁽¹	1	2/31/2023	Comr		250	\$0	0		D		
Stock Options	\$14.54								12/3	31/2020 ⁽¹) 1	2/31/2024	Comr		2,000		2,000		D		
Stock Options	\$13.89								12/3	31/2021 ⁽¹) 1	2/31/2025	Comr		2,000		2,000		D		
Stock Options	\$26.41								12/3	31/2022 ⁽¹) 1	2/31/2026	Comr		1,050		1,050		D		
Stock	\$23.54								01/0	01/2024 ⁽¹) 0	1/01/2028	Comr	non	1,600		1,600		D		

Explanation of Responses:

1. The Stock Options vest in four equal annual installments beginning on the first anniversary of the date of grant.

Remarks:

/s/ Connie Egan

** Signature of Reporting Person

10/12/2023

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.