FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| A / I- ! | | 00540 |
|-------------|------|-------|
| Vashington, | D.C. | 20549 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 1.0 | | | | | | |

Form 3 Holdings Reported.

Form 4 Transactions Reported.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 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 Capital Bancorp Inc [CBNK] | | | | | | 5. F (Ch | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Barry Edward F | | | | 1 | | | | | | | | X Direc | ctor | | 10% | Owner | |
| (Last) | (Fir | st) (I | Middle) | 3. Stateme | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) | | | | | | | + | X Officer (give title below) | | е | Othe belo | er (specify w) |
| 2275 RESEARCH BLVD. | | | | 12/31/20 | 12/31/2018 | | | | | | Chief Executive Officer | | | | r | | |
| SUITE 60 | | | | | | | | | | | | | | | | | |
| JOILE | 00 | | | 4 If Amen | A If Amondment Date of Original Filed (Month/Dov/Voor) | | | | | | | | | r loint/Gro | un Eilir | na (Check | Annlicable |
| (Street) | | | | 4. II Allieli | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| ROCKVI | ILLE MI |) 2 | 0850 | | | | | | | | | | X Form filed by One Reporting Person | | | | |
| , | | | | - | | | | | | | | | | n filed by M | lore tha | an One R | eporting |
| (City) | (Sta | ate) (2 | Zip) | | Person | | | | | | | | | | | | |
| | | Tabl | e I - Non-Deriv | ative Sec | uriti | es Ac | quir | ed, Di | sposed | of, oı | Bene | ficial | lly Owne | ed | | | |
| Date (Month/Day/Year) i | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | | | | sed O | Securiti Benefic | ies Ow cially For | | ership n: Direct | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | (монилраултеат) | | 3, | | Amoun | t | (A) or (D) | | | Issuer's Fiscal Year (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 12/10/2018 | | | | A ² | | 4 | 8 | 55 | A \$13.0 | | 09(1) | 9(1) 21,860 | | | 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. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | of Deriv Secu Acqu (A) o Disp of (D | Expinitive courities quired or sposed (D) str. 3, 4 | | Date Exercisable and piration Date onth/Day/Year) te Expiration ercisable Date | | Amo Sect Und Deri Sect and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | 8. Price of Derivative Security (Instr. 5) | | | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership t (Instr. 4) |

Explanation of Responses:

1. This stock was issued to the reporting person in lieu of board meeting fees of \$11,191.95 due from January to May 2018.

Remarks:

<u>/s/ Alan Jackson, as Attorney-in-Fact</u>

02/11/2019

** 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.