FORM 4

UNITED STA

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

TES :	SECURITI	ES AND E	XCHANGE	COMMISSION

OMB APPROVAL

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

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

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	OMB Number:	3235-0287							
	Estimated average burden								
l	hours per response:	0.5							

Check this box to indicate that a Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person* Poynot Steven M					2. Issuer Name and Ticker or Trading Symbol Capital Bancorp Inc [CBNK]										heck all	onship of Reportinall applicable) Director Officer (give title		ng Person(s) to Issu 10% Ow Other (s		ner		
(Last) 2275 RE	(Last) (First) (Middle) 2275 RESEARCH BLVD, SUITE 600					3. Date of Earliest Transaction (Month/Day/Year) 10/11/2024											below)	President	t and	below)	респу	
(Street) ROCKVILLE MD 20850					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S:																					
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transc Date (Month/L				action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		e,	3. Transaction Code (Instr		4. Securi	of, or Benefic ities Acquired (A) d Of (D) (Instr. 3, 4		I (A) or	5. Amou Securitie Benefici		nt of	Form (D) o	: Direct	. Nature of Indirect Beneficial Ownership		
							(Code V		Amount	\neg	(A) or (D)	Price	Tra	Reported Transaction(s) (Instr. 3 and 4)		(,, (,		(Instr. 4)	
Common	Stock			10/11	/2024	/2024				M		667		Α	(1)	- `		133		D		
Common Stock 10/1						/2024				F		201		D	\$24.4	41	9:	32		D		
Common	Stock															2,503			I	By IRA		
		1	Table II -													y Owr	ned					
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	ed Date,	4. Transac	nsaction of Ex			6. Date Exercisable and Expiration Date (Month/Day/Year)				7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (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	te ercisabl		Expiration Date	Title		Amount or Number of Shares	1						
Restricted Stock Units	(2)	10/11/2024			M			667		(3)		(3)		nmon ock	667	\$	60	666		D		
Stock Options	\$24.25								10/	/11/2023	(4)	10/11/2027		nmon ock	2,000			2,000		D		
Stock Options	\$23.54								01/	/01/2024	(4)	01/01/2028		nmon	2,300			2,300		D		
Stock	\$24.2								01/	/01/2025	(4)	01/01/2029	Con	nmon	5 160			5 160		D		

Explanation of Responses:

- 1. The Restricted Stock Units convert into common stock on a one-for-one basis.
- 2. Each Restricted Stock Unit represents the right to receive one share of common stock.
- 3. The Restricted Stock Unit will vest in three equal annual installments beginning 10/11/2023.
- 4. The Stock Options vest in four equal annual installments beginning on the first anniversary of the date of grant.

Remarks:

/s/ Steven M. Poynot, by Connie Egan as Attorney in

10/16/2024

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.