SEC For	m 4 FORM	ЛЛ	1	UNITE	D ST	ATES	SECURIT	٦F	S AN	ID F	EXCHA	NGF	co	MMI	SSION				
					ED STATES SECURITIES AND EXCHANGE COMMISS Washington, D.C. 20549									20.011		OMB APPROVAL			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					FEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										E	OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
1. Name and Address of Reporting Person [*] Levitt Randall James						2. Issuer Name and Ticker or Trading Symbol Capital Bancorp Inc [CBNK]								(Che	5. Relationship of Reporting Person(s) to Is (Check all applicable) X Director 10% C				
(Last) (First) (Middle) 2275 RESEARCH BLVD. SUITE 600					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2021 4. If Amendment, Date of Original Filed (Month/Day/Year) 6.								Officer (give title Other (specify below) 6. Individual or Joint/Group Filing (Check Applicable						
(Street) ROCKVILLE MD 20850				-	Lin						Line								
(City)		(Sta	,	(Zip)							<u> </u>								
1. Title of Security (Instr. 3)			able I - Non-Der 2. Tran Date (Month			2A. Deemed Execution Dat if any (Month/Day/Ye	te,	3. Transa Code (ction	4. Securitie Disposed (es Acqu	red (A	A) or	5. Amount of Securities Beneficially Owned Followin			Direct I ndirect E r. 4) C	7. Nature of ndirect Beneficial Dwnership	
									Code	v	Amount	(A) (D)	or F	Price	Reported Transactio (Instr. 3 an			(Instr. 4)
Common	Stock				12/31	/2021			Α		1,079	A		\$ <mark>0</mark>	21,5	29)	
Common	Stock														15,0	00		I I	By RJL Investment Company, LLC
Common	Stock														228,2	294		I I I	By Randall James Levitt Revocable Frust
Common	Stock														154,0)56		I	By Maud Associates, LLC
Common	Stock														114,5	600		I I	By Montrose Lending Group, LLC
Common Stock														452,0	000		I C	By BTC Trust Company of South Dakota	
				Table II			ecurities Ac alls, warran								Owned				
			3A. Deem Execution if any	ed 4.		5. Number 6 on of E		6. Date Expiration (Month/Da	cercisa n Date	able and	1			Derivative de Security Se		nber of ative ities	10. Ownershi Form: Direct (D)	p 11. Nature of Indirec Beneficia	

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. 5. Number Transaction Code (Instr. 8) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exerci: Expiration Dat (Month/Day/Ye	e	7. Title an Amount o Securities Underlyin Derivative (Instr. 3 ar	f g Security	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	A) (D) Date Expiration Date 1		Title	Amount or Number of Shares					
Stock Options	\$26.41	12/31/2021		A		2,250		12/31/2022 ⁽¹⁾	12/31/2026	Common Stock	2,250	\$0	2,250	D	
Stock Options	\$11.38							12/31/2019 ⁽¹⁾	12/31/2023	Common Stock	5,000		5,000	D	
Stock Options	\$12.38							12/31/2018 ⁽¹⁾	12/31/2022	Common Stock	2,900		2,900	D	
Stock Options	\$14.54							12/30/2020 ⁽¹⁾	12/30/2024	Common Stock	4,050		4,050	D	
Stock Options	\$13.89							12/31/2021 ⁽¹⁾	12/31/2025	Common Stock	3,375		3,375	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/ Alan Jackson, as Attorneyin-Fact 01/03/2022

** 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.