\Box

(Last)

(Street)

(City)

SUITE 600

ROCKVILLE

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

1. Name and Address of Reporting Person*

(First)

MD

(State)

(Middle)

20850

(Zip)

Brannan C Scott

2275 RESEARCH BLVD.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

16(a) of the Se witing Eval Act of 1024 Filed

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burde	en									
hours per response:	0.5									

or Section 30(h) of the Investment Company Act of 1940		<u>.</u>				
2. Issuer Name and Ticker or Trading Symbol		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u></u> [X	Director	10% Owner			
3. Date of Earliest Transaction (Month/Day/Year) 03/15/2019		Officer (give title below)	Other (specify below)			
	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Capital Bancorp Inc [CBNK] 3. Date of Earliest Transaction (Month/Day/Year)	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Capital Bancorp Inc [CBNK] 3. Date of Earliest Transaction (Month/Day/Year)	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Capital Bancorp Inc [CBNK] 3. Date of Earliest Transaction (Month/Day/Year) 5. Relationship of Reporting F (Check all applicable) X Director Officer (give title below)			

6. Individual or Joint/Group Filing (Check Applicable Line) 4. If Amendment, Date of Original Filed (Month/Day/Year) Form filed by One Reporting Person Х Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

······································										
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr.
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		4)
Common Stock	03/15/2019		Р		25	A	\$11.25	25	Ι	UGMA for granddaughter
Common Stock	03/15/2019		Р		75	A	\$11.35	100	I	UGMA for granddaughter

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

	(-5),														
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. Transa Code (8)		of		Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		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)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Options	\$11.38							12/31/2019 ⁽¹⁾	12/31/2023	Common Stock	500		500	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

03/19/2019

** 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.