Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours por rosponso:									

					UI	Sec	11011 30(11)	OI UI	e mvesimeni i	JUII	ipariy Act	01 1940						
Name and Address of Reporting Person*     Walker Jennings						2. Issuer Name and Ticker or Trading Symbol Capital Bancorp Inc [ CBNK ]								telationship of eck all application	able)	g Person(s) to Issu 10% Ow		vner
(Last) 2275 RE	,	(First) (Middle) EARCH BLVD, SUITE 600				3. Date of Earliest Transaction (Month/Day/Year) 01/01/2024								X Officer (give title below)  EVP, Chief Fire			Other (specify below) ancial Officer	
(Street) ROCKVILLE MD 20850				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)						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 - Nor	n-Deriv	vativ	e Se	curitie	s A	cquired, D	isp	oosed o	f, or Bei	neficial	ly Owned	l			
1. Title of Security (Instr. 3)  2. Trans Date (Month/					2A. Deemed Execution Date, if any (Month/Day/Year		e, Transaction D Code (Instr. 5)		4. Securit Disposed 5)	s. Securities Acquired (A Disposed Of (D) (Instr. 3, i)		Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	,	Amount	nt (A) or P		Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
		•							quired, Dis s, options					Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	se (Month/Day/Year	3A. Deeme Execution if any (Month/Day	d Date,	4. Transaction Code (Instr 8)		5. Nun	nber itive ities red sed 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	isal	7. Title and Amount of		d f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s Illy	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 late	Title	Amount or Number of Shares					
Stock Options	\$24.2	01/01/2024			A		4,000		01/01/2025 <sup>(1)</sup>	0	1/01/2029	Common Stock	4,000	\$0	4,000		D	
Stock Options	\$17.9								06/26/2024 <sup>(1)</sup>	0	6/26/2028	Common Stock	2,000		2,000		D	
Restricted Stock Units	(2)								(3)		(3)	Common Stock	2,000		2,000		D	

## Explanation of Responses:

- 1. The Stock Options vest in four equal annual installments beginning on the first anniversary of the date of grant.
- 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 6/26/2024.

## Remarks:

/s/ Connie Egan, as Attorneyin-Fact

01/03/2024

\*\* 0'----

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.