FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
vasimigton,	D.O.	200-0	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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

					UI	Section	JII 30(I	1) 01 111	e ilivesi	ment c	Company Act	01 1940								
1. Name and Address of Reporting Person* <u>Burke Michael Joseph</u>						2. Issuer Name and Ticker or Trading Symbol Capital Bancorp Inc [CBNK]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
															X Director		10% Owner		vner	
(Last) (First) (Middle) 2275 RESEARCH BLVD.						Date of /26/20		est Trai	nsaction	(Mon	th/Day/Year)	\neg		Officer below)	(give title		Other (s below)	specify		
SUITE 600						f Amer	ndmen	t, Date	of Orig	inal Fi	led (Month/Da		6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) ROCKVILLE MD 20850													X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(S	tate)	(Zip)																	
			le I - I			_			1	ed, D	isposed o			ially (
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock			04/26/2021					S		17,687	D	\$22.51	5159(1)		66,313		D			
Common Stock													29,560		,560			By Spouse		
Common Stock												61,852		,852			By 401(k)			
		-	Table	II - Deriva (e.g., r	tive	Secu calls	irities	s Acc	quired s. opt	l, Dis	sposed of, , converti	or Be	neficia	lly O	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date (Month/Day/Year) Exec		emed tion Date,	4. Transa Code (8)	ection	5. Number tion of			Exerc	isable and ite	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. De Se	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownersi Form: Ily Direct (Dor Indirect) (I) (Instr.	Ownership	11. Nature of Indirec Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er						
Stock Options	\$8.5								12/31/2	017 ⁽²⁾	12/31/2021	Commo: Stock	a 8,00	00		8,000		D		
Stock Options	\$12.38								12/31/2	018 ⁽²⁾	12/31/2022	Common Stock	9,60	0		9,600		D		
Stock Options	\$11.38								12/31/2	019 ⁽²⁾	12/31/2023	Common Stock	a 8,00	00		8,000		D		
Stock Options	\$14.54								12/30/2	.020 ⁽²⁾	12/30/2024	Commo	ⁿ 5,40	0		5,400		D		
Stock	\$13.89	I							12/31/2	021(2)	12/31/2025	Commo	1 3 00	n [3,000		D		

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$22.50 to \$22.59. The price reported above reflects the weighted average sale price. The reporting person hereby undertakes to provide upon request to the SEC staff, the issuer or a security holder of the issuer full information regarding the number of shares and prices at which the transaction was effected.

2. The Stock Options vest in four equal annual installments beginning on the first anniversary of the date of grant.

Remarks:

/s/ Alan Jackson, as Attorney-04/27/2021 in-Fact

** Signature of Reporting Person Date

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

** 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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 4 (b)(v).