SEC For	rm 4																	
	FORM	UNITED	D ST/	ATE	S S	ECU		SSION	SSION									
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).					ENT OF CHANGES IN BENEFICIAL OWNE led pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940													
1. Name and Address of Reporting Person <sup>*</sup> Dicker Karl						2. Issuer Name <b>and</b> Ticker or Trading Symbol Capital Bancorp Inc [ CBNK ]								5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Own				wner
(Last) (First) (Middle) 2275 RESEARCH BLVD SUITE 600						Date ( 2/31/2		st Trans	saction (M	onth/l	Day/Year)		- X Officer (give title Other (specify below) below) EVP and COO					
(Street) ROCKVILLE MD 20850 (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>				
		Та	ble I - Noi	n-Deri	ivativ	ve Se	ecuriti	es Ac	quired	Dis	posed of	f, or Be	neficiall	y Owned				
				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr					5. Amour Securitie Beneficia Owned F Reported	s Form Ily (D) of ollowing (I) (In		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A) o (D)	r Price	Transacti (Instr. 3 a	on(s)			(
Common Stock 01/02					)1/20	1/2022					1,667	1,667 A		22,	763		D	
			Table II -								osed of, convertib			Owned				
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. Transactior Code (Instr. 8)				6. Date Exercis Expiration Dat (Month/Day/Ye		te of Securit ear) Underlyin		ng /e Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivativ Securitie Beneficia Owned Following Reported	re es ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	Date Expiratio Exercisable Date		Title	Amount or Number of Shares		Transacti (Instr. 4)	ion(s)		
Stock Options	\$26.41	12/31/2021					6,055		12/31/20	22 <sup>(1)</sup>	12/31/2026	Commor Stock	<sup>1</sup> 6,055	\$0	6,055		D	
Stock Options	\$12.38								05/21/20	19 <sup>(1)</sup>	12/31/2023	Commor Stock	<sup>1</sup> 12,000		12,00	00	D	
Stock Options	\$11.38								12/31/20	19 <sup>(1)</sup>	12/31/2023	Commor Stock	<sup>1</sup> 16,500		16,50	00	D	
Stock Options	\$14.54								12/30/20	20 <sup>(1)</sup>	12/30/2024	Commor Stock	<sup>1</sup> 12,500		12,50	00	D	
Stock Options	\$13.89								12/31/2021 <sup>(1)</sup> 1		12/31/2025	Commor Stock	<sup>1</sup> 9,165		9,165		D	
Restricted Stock Units	(2)								(2)		(2)	Commor Stock	<sup>1</sup> 6,000		6,000		D	
Restricted Stock Units	(3)	01/01/2022			М			1,667	(3)		(3)	Commor Stock	<sup>1</sup> 1,667	\$0	3,33	3	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. The Restricted Stock Units will vest in four equal annual installments beginning 5/21/20.

3. Each Restricted Stock Unit represents the right to receive one share of common stock. The Restricted Stock Units will vest in three equal annual installments beginning 1/01/22.

## **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.

 $\ast$  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.