FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20540
vvasiiiigtoii,	D.C.	20048

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT OF CHANGES IN BENEFICIAL OWN
Instruction 1(b).	Filed 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* <u>Lindarev Anguel</u>					2. Issuer Name and Ticker or Trading Symbol Capital Bancorp Inc [ CBNK ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) 2275 RE	(F SEARCH I	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/18/2024							] ;	X Officer (give title below) Other (specify below)  EVP, Chief Information Officer					
SUITE 600					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	ILLE M	D :	20850			F									Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)		R	Rule 10b5-1(c) Transaction Indication									ı to				
									dicate that a tra e defense cond						II or writteri	ріан ш	at is interided	10	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					ear)	2A. Deemed Execution Date if any (Month/Day/Yea		e, Transaction Dis Code (Instr. 5)		Disposed	curities Acquired (A) or osed Of (D) (Instr. 3, 4 and unt (A) or (D) Price		5. Amou Securitie Beneficia Owned F Reported	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	<u> </u>	Amount			Transact	ransaction(s) nstr. 3 and 4)			(IIISU. 4)		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year) 3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date Exercis. Expiration Date (Month/Day/Yea		le and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactie (Instr. 4)	Or For III	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable	Ex Da	opiration ate	Title	Amount or Number of Shares						
Restricted Stock Units	(1)	03/18/2024			Α		1,750		(2)		(2)	Common Stock	1,750	\$0	1,750		D		
Stock Options	\$20.18	03/18/2024			A		1,750		03/18/2025 <sup>(3)</sup>	03	3/18/2029	Common Stock	1,750	\$0	1,750		D		

## **Explanation of Responses:**

- 1. Each Restricted Stock Unit represents the right to receive one share of common stock.
- 2. The Restricted Stock Unit will vest in three equal annual installments beginning 3/18/25.
- 3. The Stock Options vest in four equal annual installments beginning on the first anniversary of the date of grant.

## Remarks:

/s/ Eric Martin, as Attorney-in- 03/22/2024 Fact

\*\* 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.