FORM 4

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

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours por 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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Lewis Fred Joseph						2. Issuer Name and Ticker or Trading Symbol Capital Bancorp Inc [ CBNK ]								(Che	5. Relationship of Reportin (Check all applicable) X Director			10% Owner		
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 11/30/2023								Officer below)	(give title		Other ( below)	specify	
2275 RESEARCH BLVD, SUITE 600						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. In	6. Individual or Joint/Group Filing (Check Applicable					
(Street)	ockville MD 20850															X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(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.														
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ay/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.			es Acquired Of (D) (Instr		and 5) Securities Beneficially Owned Followir		Form:	Direct Indirect str. 4)	'. Nature of ndirect Beneficial Ownership	
										Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 11/30/						/2023				M		10,000	A	\$11.38	20,945		D			
Common Stock														16,	16,672		I	Dominion Insurance Inc.		
	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)	Title of 2. 3. Transaction 3A. Deemed 4. Transaction or Exercise (Month/Day/Year) if any					ansaction of Derivative Securities Acquired (A) or Disposed of (D) (Ins 3, 4 and 5			6. Date Exercisable and Expiration Date (Month/Day/Year)  7. Title and of Securitie Underlying Derivative S (Instr. 3 and				ies g Security	8. Price of Derivative Security (Instr. 5)			10. Ownershi Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)		
			Code	v			Date Exercisable		Expiration Date	Title	Amount or Number of Shares									
Stock Options	\$11.38	11/30/2023			M			10,000	12	2/31/201	9 <sup>(1)</sup>	12/31/2023	Common Stock	10,000	\$0	0		D		
Stock Options	\$14.54								12	2/31/202	<b>0</b> <sup>(1)</sup>	12/31/2024	Common Stock	5,400		5,40	0	D		
Stock Options	\$13.89								12	2/31/202	1(1)	12/31/2025	Common Stock	3,750		3,750		D		
Stock Options	\$26.41								12	2/31/202	2 <sup>(1)</sup>	12/31/2026	Common Stock	2,250		2,25	0	D		
Stock Options	\$23.54								01	/01/202	4 <sup>(1)</sup>	01/01/2028	Common Stock	3,485		3,48	5	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:

<u>/s/ Connie Egan, as Attorney-in-Fact</u>

12/04/2023

\*\* 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.