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

| Washington, | D.C. 20549 | |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | |
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| | | | | | ` ' | | | npany Act of | | | | | | |
|--|---------------------------------------|---------------|---|---|---|--------------------------------------|-------------------|---|--|------------------------|---|---|---|---|
| Name and Address of Reporting Person* Goodin Amy C | | | 2. Issuer Name and Ticker or Trading Symbol CapStar Financial Holdings, Inc. [CSTR] | | | | | | 5. Relationship of Reporting Person(s) to (Check all applicable) Director 10% | | | Issuer Owner | | |
| (Last) | (Fii | rst) (M | Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 01/24/2024 | | | | | | | X Office below | , | Other below sk Officer | (specify |
| 1201 DE | EMONBRE | UN STREET, SU | ЛТЕ 700 | 4. If A | mendment, Date o | f Origina | al Filed | I (Month/Day | /Year) | 6. Lin | e) | | p Filing (Check | |
| (Street) NASHV | ILLE TN | N 3 | 7203 | | | | | | | | | filed by Mo | e Reporting Per re than One Re | |
| (City) | (St | ate) (Ž | Zip) | Rule | Rule 10b5-1(c) Transaction Indication | | | | | | | | | |
| | | | | | theck this box to indi- atisfy the affirmative | | | | | | | uction or writ | ten plan that is int | ended to |
| | | | | | | | | | | | | | | |
| | | Table | I - Non-Deriva | ative S | ecurities Acq | uired, | Dis | oosed of, | or Ber | neficia | ally Own | ed | | |
| 1. Title of | Security (Ins | | 1 - Non-Deriva 2. Transa Date (Month/D | ction | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (| ection | 4. Securities Disposed Of 5) | Acquire | d (A) or | 5. Amo Securi Benefi Owned | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| 1. Title of | Security (Ins | | 2. Transa Date | ction | 2A. Deemed Execution Date, if any | 3. Transa Code (| ection | 4. Securities Disposed Of | Acquire | d (A) or | 5. Amo Securi Benefi Owned Report Transa | ount of ties cially I Following | Form: Direct (D) or Indirect | of Indirect Beneficial |
| 1. Title of S | , , , , , , , , , , , , , , , , , , , | | 2. Transa Date | ction ay/Year) | 2A. Deemed Execution Date, if any | 3. Transa Code (8) | action (Instr. | 4. Securities Disposed Of 5) | Acquired f (D) (Inst | d (A) or r. 3, 4 ar | 5. Amo Securi Benefi Owned Report Transa (Instr. : | ount of ties cially I Following ted action(s) | Form: Direct (D) or Indirect | of Indirect Beneficial Ownership |
| | , , , , , , , , , , , , , , , , , , , | tr. 3) | 2. Transa Date (Month/D | ction ay/Year) 2024 ⁽¹⁾ ive Se | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) Code | v Dispo | 4. Securities Disposed Of 5) Amount 787 ⁽²⁾ Disposed of, o | (A) or (D) A Representation of the control of the | Price | 5. Amo Securi Benefii Ownec Report Transa (Instr. : | ount of ties cially I Following red ciction(s) 3 and 4) | Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect Beneficial Ownership |

Explanation of Responses:

- 1. This is an inadvertent late filing due to an administrative error.
- 2. The reported item represents an award of restricted stock which vests in three approximately equal installments beginning on December 31, 2024.

Code

/s/ Michael J. Fowler, as Attorney-in-Fact for Amy

Amount or Number

Shares

02/23/2024

(Instr. 4)

Goodin

Title

Expiration Date

** 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.

(Instr. 3, 4 and 5)

(D)

(A)

Date

Exercisable