FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

ANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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>Tietz Christopher G</u>						2. Issuer Name and Ticker or Trading Symbol CapStar Financial Holdings, Inc. [CSTR]										(Chec	k all appli Directo	cable) or	ıg Per	Person(s) to Issuer 10% Owner Other (specific	
(Last) 1201 DE	,	irst) UN STREET, SU	(Middle) JITE 700			Date o		est Trar	nsaci	tion (Mo	onth/[Day/Year)	X	Officer (give title below) See Remarks				вреспу			
(Street) NASHV			37203 (Zip)		- 4. li	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Indi Line) X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - No	n-Deriv	/ative	e Se	curiti	es Ac	cqu	iired,	Dis	oosed (of, c	r Bei	nefic	cially	Owned	d t			
Date			2. Trans Date (Month/		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				Securition Beneficion Owned I	Amount of ecurities eneficially wned Following		n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
										Code	v	Amount		(A) or (D)	Pri	ice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock ⁽¹⁾					3/2018					A		13,80	00	A \$0		0.00	17,866			D	
Common Stock ⁽²⁾																	1,	650		D	
Common Stock ⁽³⁾																5,034		D			
		Т	able II -									sed of onverti					Owned				
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,		Transaction Code (Instr.		າ of		Date Exe piration I pnth/Day		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		D	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exe	te ercisable		opiration	Title		Amou or Numb of Share	ber					
Employee Stock Option	\$13.22									(4)	03	3/02/2026		nmon ock	25,0	000		25,000)	D	

Explanation of Responses:

- 1. The reported item represents an award of restricted common stock which is fully vested upon issuance.
- 2. The reported item represents an award of restricted stock which vests in three equal installments beginning on the first anniversary of the April 25, 2018 grant date.
- 3. The reported item includes an initial award of 5,000 shares of restricted stock which vests in full on the third anniversary of the March 2, 2016 grant date, or March 2, 2019. The reported item also represents the unvested portion of an award of 100 shares of restricted stock granted on September 1, 2016. As of the date of this report, 66 shares have vested, and the remaining 34 shares of restricted stock under this award vest on the third anniversary of the September 1, 2016 grant date, or September 1, 2019.
- 4. The reported item represents an award of options which vests in four equal annual installments beginning on the first anniversary of the March 2, 2016 grant date.

Remarks:

buy)

Chief Credit Officer of CapStar Bank

/s/ Rob Anderson, as Attorneyin-Fact for Christopher G. 01/02/2019 **Tietz**

** 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.