FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | VAL |
|------------------------|-----------|
| 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 |
| Instruction 1(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* | | | | | 2. Is: | Issuer Name and Ticker or Trading Symbol | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | |
|--|---|--------|-----------|--------------------------------|--------------------------------|--|---|-------|--|-------------------------------------|--------------------|---|---|--|---|--|---|---|--|--|--|
| PINCUS ROBERT P | | | | | | Comstock Holding Companies, Inc. [CHCI] | | | | | | | | | (Check all applicable) | | | | | | |
| PINCUS RUBERT P | | | | | | | | | | | | | | | X | Direc | ctor | 10% | Owner | | |
| (Last) (First) (Middle) 1886 METRO CENTER DRIVE | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/05/2019 | | | | | | | | | Office belov | er (give title w) | Other belov | (specify) | | |
| 4TH FLOOR | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | |
| RESTON VA 20190 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Nor | n-Deriva | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | efici | ally | Owne | ed | | | | |
| Date | | | | | Date Ex (Month/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Dispose Code (Instr. 5) | | | rities Acquired (A) ed Of (D) (Instr. 3, 4 | | | 5. Amo Securi Benefi Owned Report | ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Transaction(s) (Instr. 3 and 4) | | | (111501.4) | | |
| Class A Common Stock 04/05/ | | | | | | 5/2019 | | | | | 2,860 | 0 A S | | \$0. | .00 53,029 | | 3,029 | D | | | |
| 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) | ative Conversion Date Execution or Exercise (Month/Day/Year) if any | | | n Date, Transacti Code (Ins | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nui of | ount nber ares | er | | | | | | |

Explanation of Responses:

Remarks:

/s/ Jubal Thompson, by power of attorney

04/05/2019

** 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.