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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
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL										
OMB Number: 3235-0287										
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1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol <u>Comstock Holding Companies, Inc.</u> [CHCI]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
MACCUTCHEON JAMES A		<u>AES A</u>		X	Director	10% Owner					
(Last) (First) (Middle) 1886 METRO CENTER DRIVE, 4TH FLOOR		, , , , , , , , , , , , , , , , , , ,	3. Date of Earliest Transaction (Month/Day/Year) 11/20/2014		Officer (give title below)	Other (specify below)					
(Street)			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi Line)	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person						
RESTON	VA	20190	_		Form filed by More th Person						
(City)	(State)	(Zip)			Feison						

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transa Code (8)				5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Class A Common Stock	05/12/2015		A		6,857 ⁽⁴⁾	A	\$0.00	46,419 ⁽⁵⁾	D		
Class A Common Stock	12/17/2015		A		4,005 ⁽³⁾	A	\$0.00	50,424 ⁽⁵⁾	D		
Class A Common Stock	12/15/2016		A		6,252 ⁽²⁾	A	\$0.00	56,676 ⁽⁵⁾	D		
Class A Common Stock	03/15/2017		A		2,418(1)	A	\$0.00	59,094 ⁽⁵⁾	D		
Class A Common Stock	04/06/2017		Р		54,605	A	\$1	113,699 ⁽⁵⁾	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
A warrant to purchase Class A Common Stock	\$7.3	11/18/2014		А		4,285 ⁽⁶⁾		05/18/2015	11/18/2024	Class A Common Stock	4,285	\$0.00	4,285 ⁽⁵⁾	D	

Explanation of Responses:

1. These shares were granted for services provided in 2017.

2. These shares were granted for services provided in 2016.

3. These shares were granted for services provided in 2015.

4. These shares were issued in connection with the Comstock Growth Fund Private Placement offering.

5. The totals listed in Column 5 of Table I and Column 9 of Table II of this Form 5 reflect a 7-for-1 reverse stock split that occurred with respect to Comstock's common stock on September 25, 2015.

6. These warrants were issued in connection with the Comstock Growth Fund Private Placement offering.

Remarks:

/s/ Jubal Thompson, by power

of attorney

04/10/2017

** 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.