FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

| OMB APPROVAL             |           |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number:              | 3235-0104 |  |  |  |  |  |  |
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| hours per response:      | 0.5       |  |  |  |  |  |  |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

|  |         |               | _  |  |   |   | estinent company rict or 15- |  |                |   |  |  |                                  |  |
|--|---------|---------------|--|--|---|---|------------------------------|--|----------------|---|--|--|----------------------------------|--|
| Name and Address of Reporting Person*     Holly Thomas Joseph  |         |               | 2. Date of Event<br>Statement (Mon<br>02/10/2023               |  |   | 3. Issuer Name and Ticker or Trading Symbol Comstock Holding Companies, Inc. [ CHCI ] |                              |  |                |   |  |  |                                  |  |
| (Last)   | (First) | (Middle)      |  |  |   | Relationship of Reporting Person(s) to Issuer   |                              |  |                |   | 5. If Amendment, Date of Original Filed (Month/Day/Year) |  |                                  |  |
| 1900 RESTON METRO PLAZA  |         |               |  |  | (Check all applicable)  |   |                              | 100/ 0   |                | 1   |  |  |                                  |  |
| 10TH FLOOR   |         |               |  |  |   | X   | Director                     |  | 10% Owner      |   | 6 Indi   | ividual or .loint/Grou                                   | p Filing (Check Applicable Line) |  |
|  |         |               |  |  |   |   | Officer (give title below)   |  | Other (specify | below)  | X  |  | ne Reporting Person              |  |
| (Street)   |         |               |  |  |   |   |                              |  |                |   | ^  | •  |                                  |  |
| RESTON   | VA      | 20190         |  |  |   |   |                              |  |                |   | 1  | Form filed by IV   | ore than One Reporting Person    |  |
|  |         |               |  |  |   |   |                              |  |                |   |  |  |                                  |  |
| (City)   | (State) | (Zip)         |  |  |   |   |                              |  |                |   |  |  |                                  |  |
| Table I - Non-Derivative Securities Beneficially Owned   |         |               |  |  |   |   |                              |  |                |   |  |  |                                  |  |
| 1. Title of Security (Instr. 4)  |         |               |  |  | 2. Amount<br>Owned (Ins                                       | of Securities Beneficially<br>str. 4)   | D                            | 3. Ownership Form:<br>Direct (D) or Indirect (I)<br>(Instr. 5) |                | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |  |  |                                  |  |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |               |  |  |   |   |                              |  |                |   |  |  |                                  |  |
| 1. Title of Derivative Security (Instr. 4)   |         | Expira        | 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |  | 3. Title and Amount of Securities Underly Security (Instr. 4) |   | nderlyin                     | Cor<br>or E  |                | ion   | 5. Ownership<br>Form: Direct (D)<br>or Indirect (I)      | 6. Nature of Indirect Beneficial<br>Ownership (Instr. 5) |                                  |  |
|  |         | Date<br>Exerc | Date Expiration Date   |  | Title   |   |                              | Amount or<br>Number of<br>Shares                               |                | tive  |  |  |                                  |  |

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Jubal Thompson, by power of attorney 02/10/2023

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (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).

POWER OF ATTORNEY

Know all by these present, that the undersigned hereby constitutes and appoints Jubal R. Thompson, the General Counsel of Comstock Holdin

- 1. prepare, execute, acknowledge, deliver and file beneficial ownership reports on Forms 3, 4 and 5 (including any amendments or authent:
- 2. seek or obtain, as the undersigned's representative and on the undersigned's behalf, information on transactions in the Company's sometheby authorizes any such person to release any such information to the undersigned and approves and ratifies any such release of information
  - 3. take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may
    The undersigned hereby grants to each such attorney-in-fact full power and authority to do and perform any and every act and thing whatsomer of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, and 5 with a signature to this Power of Attorney, the undersigned hereby revokes any and all previously executed powers of attorney for the undersigned hereby revokes any and all previously executed powers of attorney for the undersigned hereby revokes any and all previously executed powers of attorney for the undersigned hereby revokes any and all previously executed powers of attorney for the undersigned hereby revokes any and all previously executed powers of attorney for the undersigned hereby revokes any and all previously executed powers of attorney for the undersigned hereby revokes any and all previously executed powers of attorney for the undersigned hereby revokes any and all previously executed powers of attorney for the undersigned hereby revokes any and all previously executed powers of attorney for the undersigned hereby revokes any and all previously executed powers of attorney for the undersigned hereby revokes any and all previously executed powers of attorney.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this \_\_\_\_ day of \_\_\_\_\_\_, 2023.

Signature

Thomas J. Holly

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