SEC Form 4	
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).
Instruction 1(D).

1	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-
	defense conditions of Rule 10b5- 1(c). See Instruction 10.

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 APP	ROVAL
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Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person [*] <u>MACCUTCHEON JAMES A</u> (Last) (First) (Middle)			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]	1	Director	10% Owner			
(Last) (First) (Middle)		(Middle)	1		Officer (give title below)	Other (specify below)			
1900 RESTON	METRO PLAZA	(middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/04/2024			·			
10TH FLOOR			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv	idual or Joint/Group Filing	(Check Applicable			
(Street)			······································	Line)					
RESTON	VA	20190		1	Form filed by One Report	ting Person			
					Form filed by More than (Person	One Reporting			
(City)	(State)	(Zip)							

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)			Securities Acquired (A) or sposed Of (D) (Instr. 3, 4 and 5) nount (A) or (D) Price (A A and 5) Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		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)		(1130.4)
Class A Common Stock, \$0.01 par value	10/04/2024		S		1,800	D	\$12.02 ⁽¹⁾	143,785	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

			(e.g., pt	113, 56	ans, v	varie	ants,	options, t	,onvertib	16 36	cunties)			
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)		of Deriv	r osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y	ate	Deriv	unt of rities rlying ative rity (Instr.	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	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				

Explanation of Responses:

1. This transaction was executed in multiple trades at prices ranging from \$12.00 to \$12.16 USD; the price reported above reflects the weighted average sale price. The reporting person hereby undertakes, upon request, to provide to Comstock Holding Companies, Inc. (the "Issuer"), any security holder of the Issuer, or the Securities and Exchange Commission, full information regarding the number of shares and prices at which the transaction was effected.

Remarks:

/s/ James A. MacCutcheon

10/08/2024

** 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.