FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

**SECURITIES** 

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL									
OMB Number: 3235-01									
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												L		
							(a) of the Securities Exchange A e Investment Company Act of 19							
PRESCOTT GROUP CAPITAL Requiring (Month/D			Date of Event equiring Staten Month/Day/Year 2/13/2013		3. Issuer Name and Ticker or Trading Symbol  Comstock Holding Companies, Inc. [ CHCI ]									
(Last)					4. Relationship of Reporting Perso (Check all applicable)  Director X			10% Owne	er	5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) TULSA (City)	OK (State)	74014 (Zip)	_				Officer (give title below)	Other (specify below)			6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person			
			Ta	able I - Non	-Deriva	tiv	e Securities Beneficiall	ly	Owned		<u> </u>			
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4)			F			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Class A Common Stock, par value \$0.01 per share					1,940,105(1)				I		See Footnote <sup>(2)</sup>			
			(e.g				Securities Beneficially ts, options, convertible			s)				
1. Title of Derivative Security (Instr. 4)  2. Date Exerci Expiration Dat (Month/Day/Ye			n Date		3. Title and Amount of Securi Underlying Derivative Securi		ty (Instr. 4) Color I		ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
				Date Exercisable	Expiration Date		Title	Amoun or Numbe of Shares		Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)		
<b>PRESCO</b>	Address of Report TT GROUP EMENT, L.	CAPITAL												
(Last) 1924 SOUT	(First) TH UTICA, SU	,	iddle)											
(Street)	OK	74	014											
			-		1									

## **Explanation of Responses:**

## Remarks:

(City)

(Last)

(Street)
TULSA

(City)

(State)

(First)

OK

(State)

1. Name and Address of Reporting Person\*

1924 SOUTH UTICA, SUITE 1120

FROHLICH PHIL

(Zip)

(Middle)

74104

(Zip)

<sup>1.</sup> The filing of this Form 3 shall not be construed as an admission that Prescott Group Capital Management, L.L.C. ("Prescott Capital") or Phil Frohlich, the manager of Prescott Capital, is or was for the purposes of Section 16(a) of the Securities Exchange Act of 1934, as amended, or otherwise the beneficial owner of any of the Class A Common Stock, par value \$0.01 per share (the "Common Stock"), of Comstock Holding Companies, Inc. (the "Issuer") purchased by Prescott Group Aggressive Small Cap Master Fund, G.P. (the "Master Fund") for the accounts of Prescott Group Aggressive Small Cap, L.P. or Prescott Group Aggressive Small Cap Funds"). Pursuant to Rule 16a-1, both Prescott Capital and Mr. Frohlich disclaim such beneficial ownership.

<sup>2.</sup> Prescott Capital holds indirectly 1,940,105 shares of Common Stock of the Issuer through the account of the Master Fund, for which Prescott Capital is the Investment Manager. The Master Fund holds the Common Stock for the accounts of the Small Cap Funds, for which Prescott Capital is the Investment Manager. Prescott Capital receives a portion of the profits in the form of a capital allocation from, and owns a partnership interest in, the Small Cap Funds. Phil Frohlich reports the Common Stock held indirectly by Prescott Capital because, as the manager of Prescott Capital at the time of purchase, he controlled the disposition and voting of the securities.

/s/ Phil Frohlich

12/23/2013

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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).

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.