FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to |
|--|
| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| netruction 1(h) |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
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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* ISTAR INC. | | | | | | 2. Issuer Name and Ticker or Trading Symbol Safehold Inc. [SAFE] | | | | | | | | | | all app | | g Per | ₹ 10% C | owner |
|---|--|-----------------------|--------------------|--------|-----------------|---|-------|---|-----------------------------------|--------------------|---------------------------------|---|-----------|-----------------------|--------------|-----------------------|--|-------------------|---|--|
| (Last) 1114 AVI FLOOR | ` | rst) (ΓΗΕ AMERICA | Middle) S, 39TH | I | | 3. Date of Earliest Transaction (Month/Day/Year) 08/21/2019 | | | | | | | | | | belov | er (give title v) | | below) | (specify |
| (Street) NEW YC | | | .0036 Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check AppLine) X Form filed by One Reporting Person Form filed by More than One Report | | | | | | | | | | on | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Date, | 3. Transaction Code (Instr. 8) | | | | | | l and 5) Secu Bene | | 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 (D |) or) | Price | | Transa | action(s) 3 and 4) | | | (111341. 4) |
| Common stock, \$0.01 par value per share 0 | | | | 08/21/ | /2019 | | | | P | | 7,500(1) | | A | \$28.877 | | 26,843,893 | | | D | |
| Common stock, \$0.01 par value per share 08/22/2 | | | | /2019 | 2019 | | | | | 7,500(1) | | A | \$28.83 | | 26,843,893 | | | D | | |
| Common stock, \$0.01 par value per share 08/23/2 | | | | /2019 | 2019 | | | P | | 7,500(1) | | A | \$28.378 | | 8 26,843,893 | | | 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) | erivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | | | 4. Transaction Code (Instr. 8) | | mber ative rities ired osed . 3, 4 | 6. Date I Expirati (Month/I | on Da | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4) | F C O (I | LO. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | Code | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | or Numl of Title Share | | nber | | | | | | | |

Explanation of Responses:

1. On August 21-23, 2019, the Reporting Person purchased an aggregate of 22,500 shares of common stock of SAFE in open market transactions.

iStar Inc., By Geoffrey M 08/23/2019 Dugan, Secretary

Date

** Signature of Reporting Person

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.