FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 3235-OMB Number: 0104 INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF Estimated average burden **SECURITIES** hours per response:

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

1. Name and Asnas Br		porting Person*	2. Date of E Requiring S (Month/Day 02/04/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol ISTAR INC. [STAR]						
	Last) (First) (Middle) 114 AVE OF THE AMERICAS 19TH FLOOR				4. Relationship of Reporting Issuer (Check all applicable) Director Officer (give	10% C	Person(s) to 10% Owner Other (specify		5. If Amendment, Date of Original Filed (Month/Day/Year) 02/24/2022		
(Street) NEW YORK (City)	NY (State)	10036 (Zip)	-		X title below) Chief Financia	below)		(Ch	Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				i	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock, par value \$.001 per share					27,733	I	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable an Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Convers		cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.			
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

s/ Brett Asnas

02/25/2022

OMB APPROVAL

0.5

** 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 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.