Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| ashington, | D.C. | 20549 | |
|------------|------|-------|--|

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|
| | | | |

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | : 0.5 | | | | | | | |

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 Address of Reporting Person* <u>Eisenberg David</u> | | | | 2. Issuer Name and Ticker or Trading Symbol ISTAR INC. [STAR] | | | | | | | (Che | ck all app | licable) tor | ng Per | rson(s) to Is | vner | | | |
|---|--|--|---|---|---|---|--------|----------------------|--|------------|---|---|--|---|--|-----------------------|-------------------------------|--|--|
| (Last) | • | rst) (M | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/15/2022 | | | | | | Office below | er (give title /) | | Other (s below) | specify | | | |
| 1114 AVENUE OF THE AMERICAS 39TH FLOOR | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | | |
| (Street) NEW YO | ORK N | Y 1 | 0036 | | | | | | | | | | |) | _ | filed by Mo | | orting Person | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Non | -Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficial | ly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | Execution Date, | | 3. 4. Securities Acquired (Disposed Of (D) (Instr. 3) | | | | s, 4 and Securi Benefi Owned | | ities Fo icially (D d Following (I) | | . Ownership form: Direct D) or Indirect I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | | Price | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common | Stock | | | 07/15/2 | 2022 | | | | Α | | 2,257(1) | 1 | A | \$ <mark>0</mark> | 35 | 5,760 | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/E | | Transaction Code (Instr. 8) Der Sec (A) Dis of (i | | | osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) | | str. | . Price of Perivative Pecurity Pecurity Pecurity | derivative Securities | y Direct or Inc (I) (In | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amou or Numb of Share | ber | | | | | |

1. The Reporting Person has been awarded 2,257 shares of common stock ("Shares") of iStar Inc. (NYSE: STAR) under the iStar Non-Employee Director Share Election Program. Pursuant to such Program, the Reporting Person has elected to receive the Shares in lieu of cash retainer payable to him for his service on iStar's Board of Directors during the second quarter of 2022.

/s/ David Eisenberg

07/15/2022

** 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.