FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	OVAL				
OMB Number:	3235- 0104				
Estimated average burden					
hours per response:	0.5				

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*     Hom Jesse			2. Date of Event Requiring Statement (Month/Day/Year) 12/15/2021  3. Issuer Name and Ticker or Trading Symbol Safehold Inc. [ SAFE ]								
(Last) (First) (Middle) C/O SAFEHOLD INC. 1114 AVENUE OF THE					4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)			
l '	S, 39TH FLO	OR	,		**		(specify	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting			
(Street) NEW YORK	NY	10036						Person	by More than One Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
		Та	ble I - Non	-Derivati	ve Securities Benefic	cially O	wned				
1. Title of Sec	urity (Instr. 4)	Та	ble I - Non	2	ve Securities Benefic 2. Amount of Securities Beneficially Owned (Instr. I)	3. Owner Form: E (D) or Ir (I) (Insti	ership 4 Direct C	I. Nature of Indire Ownership (Instr.			
1. Title of Sec	urity (Instr. 4)		Table II - D	erivative	2. Amount of Securities Beneficially Owned (Instr.	3. Owner Form: E (D) or Ir (I) (Insti	ership doinect c. 5)				
	urity (Instr. 4)	(e.g.	Table II - D	Perivative S, warrar	2. Amount of Securities Beneficially Owned (Instr. I) Securities Beneficia	3. Owner Form: [(D) or Ir (I) (Instruction of the secondary of the seconda	ership doinect c. 5)	5. Ownership (Instr.			

Explanation of Responses:

## Remarks:

No securities are beneficially owned.

No securities are beneficially owned.

/s/ Jesse Hom

12/27/2021

\*\* Signature of Reporting

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.