Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL 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* SUGARMAN JAY | | | | | 2. Issuer Name and Ticker or Trading Symbol ISTAR INC. [STAR] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | | |
|--|---|---------|---------|--|--|---|-------|---|--------------------------------|--------------------|-------------|---------------------------------|---|--|--|-------------------|---|---|---------|--|--|
| 00011 | IXIVIZII V J. | | | | | | | | | | | X Director | | 10% Owner | | vner | | | | | |
| | | | | | | | | | | | | | | | | er (give title | | Other (: below) | specify | | |
| (Last) | (Fi | rst) (I | Middle) | | | | | t Trans | action (Month/Day/Year) | | | | | belov | below) bel | | | | | | |
| 1114 AV FLOOR | 09/09/2021 | | | | | | | | | | Cnairmai | n and | ICEO | | | | | | | | |
| | | | | | 4. If A | Amend | ment, | Date o | f Origina | al Filed | d (Month/Da | 6. Ir | | r Joint/Grou | p Filing (Check A | | pplicable | | | | |
| (Street) NEW Y | ORK N | Y 1 | .0036 | | X Form filed by | | | | | | | | | | filed by On | e Rep | orting Pers | on | | | |
| - | | | | | | | | | | | | | | | Form Perso | filed by Mo on | re tha | ın One Rep | orting | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | Benefic Owned | ties Fo cially (D I Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Transa | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | | | |
| Common | Stock | | | 09/09/ | 2021 | | | | G | V | 1,000(1) | I |) | \$0 | 2,4 | 84,351 | | D | | | |
| Common | Common Stock | | | | | | | | | | | | | 40 | 40,544 | | 1 1 | By spouse | | | |
| Preferred Stock, Series D | | | | | | | | | | | | | | 2 | 2,000 | | 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) | ive Conversion Date Execution Date, or Exercise (Month/Day/Year) if any | | | on Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Expirati (Month/ | ion Da | | | 1 | 8. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | Code V (A) (D) | | Date Exercis | able | Expiration Date | Title | Amo or Num of Share | ber | | | | | | | | |
| | of Bosnon | | | | | | _ | | | | | | | | | | | | | | |

1. The Reporting Person has made gifts in the total amount of 1000 shares of Common Stock of iStar Inc.(NYSE:STAR) to family members.

s/ Jay Sugarman

09/16/2021

** 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.