FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington,    | D.C. | 20549 |  |
|----------------|------|-------|--|
| rvasiliigtoii, | D.C. | 20343 |  |

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |  |  |  |  |  |  |  |  |
| Estimated average burden |  |  |  |  |  |  |  |  |
| 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 Address of Reporting Person*  DESOUZA CLIFFORD |   |  |   |  | 2. Issuer Name and Ticker or Trading Symbol  ISTAR INC. [ STAR ] |   |        |  |                 |          |   |   | Relationshipneck all app | licable)<br>tor                                     | ng Per  | 10% O\  | vner               |  |            |
|--|---|--|---|--|--|---|--------|--|-----------------|----------|---|---|--------------------------|---|---|---|--------------------|--|------------|
| (Last)   | `   | rst) (f                                    | ⁄liddle)                                      |  | 3. Date of Earliest Transaction (Month/Day/Year) 05/13/2021      |   |        |  |                 |          |   |   |                          | Office<br>below                                     | er (give title<br>v)                                |   | Other (s<br>below) | specify  |            |
| 1114 AVENUE OF THE AMERICAS 39TH<br>FLOOR                  |   |  |   | 4. If Amendment, Date of Original Filed (Month/Day/Year) |  |   |        |  |                 |          | 6. Individual or Joint/Group Filing (Check Applicable Line) |   |                          |   |   |   |                    |  |            |
| (Street) NEW YO  | vet)<br>W YORK NY 10036   |  |   |  |  |   |        |  |                 |          |   | X Form filed by One Reporting Person Form filed by More than One Reporting Person                   |                          |   |   |   |                    |  |            |
| (City)   | (S  | tate) (Z                                   | Zip)  |  |  |   |        |  |                 |          |   |   |                          |   |   |   |                    |  |            |
|  |   | Table                                      | I - Non-I                                     | Deriva   | tive S   | Secu  | rities | Acq  | uired,          | Dis      | posed of  | , or I  | Bene                     | eficia  | ally Own  | ed  |                    |  |            |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Da |   |  | Execution Date,                               |  | Date,  | 3. Transaction Code (Instr. 8)  4. Securities Acqu Disposed Of (D) (II 5) |        |  |                 |          | nd Securit<br>Benefic<br>Owned                              | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following                                       |                          | n: Direct<br>or Indirect<br>nstr. 4)                | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |   |                    |  |            |
|  |   |  |   |  |  |   |        |  |                 | v        | Amount  | Amount (A) or   |                          | Price   | Transa  | Reported<br>Transaction(s)<br>(Instr. 3 and 4)          |                    |  | (Instr. 4) |
| Common   | Stock, par  | value \$.001 per                           | share   | 05/13/2  | 2021   |   |        | A  | V               | 6,819(1) |   | A   | \$ <mark>0</mark>        | 77  | 77,351  |   | D                  |  |            |
|  |   | Tal  |   |  |  |   |        |  |                 |          | osed of, convertib  |   |                          |   |   | d   |                    |  |            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Da | Date,  |  | Transaction of<br>Code (Instr. Derivative                                 |        | Expiration Date (Month/Day/Year) S U D S S |                 |          | Amo<br>Secu<br>Unde<br>Deriv<br>Secu                        | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>3 and 4) |                          | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) |   | Owners<br>Form:<br>Direct (I<br>or Indire<br>(I) (Instr | Ownership          | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |            |
|  |   |  |   |  | Code   | v   | (A)    | (D)  | Date<br>Exercis | able     | Expiration<br>Date  | Title   | Nun<br>of                |   |   |   |                    |  |            |

## **Explanation of Responses:**

1. Effective on May 13, 2021, the Reporting Person was awarded 6,819 shares of Common Stock of iStar Inc. (NYSE:STAR) in accordance with the provisions of the iStar Inc. Non-Employee Directors' Deferral Plan, which shares are owned directly. These shares are restricted and may not be sold or otherwise transferred until they vest on the date of the 2022 annual meeting of shareholders of iStar Inc.

Clifford De Souza

05/14/2021

\*\* 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.