FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. 20549 |
|---------------|------------|
|---------------|------------|

| 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 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

| Name and Address of Reporting Person* Eisenberg David | | | | 2. Issuer Name and Ticker or Trading Symbol ISTAR INC. [STAR] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
|--|--|---------|----------|---|---|--|--|--------------------------------|-----------------|------|--|--|-----------------------------------|---|--|---|---|--|-------------|
| Eisenberg Daviu | | | | | | | | - | - | | | | | X | Direc | tor | | 10% O | wner |
| (Last) | (Fii | rst) (M | Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 10/15/2021 | | | | | | | | | Office below | er (give title v) | | Other (below) | specify | |
| 1114 AVENUE OF THE AMERICAS FLR 39 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | | | | | | | | | | | | | | | Line) X Form filed by One Reporting Person | | | | |
| NEW YO | ORK N | 7 1 | 0036 | | | | | | | | | | | Form filed by More than One Reporting Person | | | | orting | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | 3ene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution y/Year) if any | | | cution Date, | | | | es Acquired (A Of (D) (Instr. 3 | | , 4 and Secur Benet | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | | rice | Transa | action(s) 3 and 4) | | | (iiisti. 4) |
| Common Stock 10/15 | | | | 10/15/ | /2021 | | | | A | V | 1,187 ⁽¹⁾ A | | A | \$ <mark>0</mark> | 23,924 | | | 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) | rative Conversion Date Execution Date, if any | | on Date, | 4. Transaction Code (Instr. 8) | | 5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5 | rative rities ired r osed) | 6. Date Expirati (Month/ | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | Ser. | Price of erivative ecurity 1str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Own Forn Dire or In (I) (II | 0. Ownership Form: Direct (D) or Indirect) (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 | oer | | | | | |

Explanation of Responses:

1. The Reporting Person has been awarded 1,187 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 third quarter of 2021.

David Eisenberg

12/29/2021

** 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.