FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-028							

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

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

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>Jervis Geoffrey G</u>						2. Issuer Name and Ticker or Trading Symbol ISTAR INC. [ STAR ]										Check	all app Dired	olicable) ctor	ng Person(s) to I			
	ast) (First) (Middle) /O ISTAR INC. 114 AVENUE OF THE AMERICAS 39TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 06/15/2017										X	Officer (give title below)		below)			
(Street)  NEW YO  (City)	DRK N		10036 (Zip)	FLOOR	. 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 07/11/2017										i. Indivi ine) X	Forn	or Joint/Group Filing (Check Applicable on filed by One Reporting Person on filed by More than One Reporting son				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Execution Date,			Transaction Code (Instr.							, 4 and S		5. Amount of Securities Beneficially Owned Following Reported		ership Direct ndirect tr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
						Со	de V		Amount	(A) or (D)		Pric	- 1	Transaction(s) (Instr. 3 and 4)				(111501.4)				
Common Stock, par value \$0.01 per share 06/15/						2017			A	Α ,	V	20,000	(1)	A	\$	<del>0</del>	24,636(2)			D		
Common Stock, par value \$0.01 per share 06/15/						2017		I	,	V	7,394	1)	D	\$0		24,636 <sup>(2)</sup>			D			
Restricted Stock Units																6		),000(2)	]	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)	or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) 8)				Transa Code (		of Deri Secu Acqu (A) o Disp	osed ) r. 3, 4	Expir (Mon	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date				7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amour or Numbe of Title Shares			ce of ative rity . 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dire or I (I) (	nership m: ect (D) ndirect Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

- 1. Effective June 15, 2017, the Reporting Person acquired 20,000 shares of iStar common stock upon the vesting of Restricted Stock Units pursuant to an award dated June 15, 2016, which award was previously reported on Form 3. After deducting 7,394 shares for applicable tax withholding, the Reporting Person acquired a net amount of 12,606 shares of iStar common stock.
- 2. Following the transactions reported on this Form 4, as amended, the Reporting Person owns a total of 24,636 shares of iStar common stock and 60,000 Restricted Stock Units representing the right to acquire an equivalent number of shares of iStar common stock (net of shares deducted for taxes and other withholdings) if and when the Units vest in accordance with their terms.

s/ Geoffrey G Jervis 07/13/2017

\*\* 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.