Comstock Holding Companies, Inc. Form 4 December 22, 2014

Wasnington, D.C. 20549 Number:										3235-0287 January 31, 2005 average	
(Print or Type R 1. Name and Ac GUERNSEY	2. Issuer Name <b>and</b> Ticker or Trading Symbol Comstock Holding Companies, Inc. [CHCI]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
				f Earliest Transaction Day/Year)				X_ Director 10% Owner Officer (give title Other (specify below) below)			
				ndment, Date Original th/Day/Year)				<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> <li> Form filed by More than One Reporting</li> <li>Person</li> </ul>			
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurit	ies Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Da (Month/Day/Yea	r) Execution any		3.	4. Securit m(A) or Dis (D) (Instr. 3, 4	ies Aco sposed	quired of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Class A Common Stock	12/18/2014			А	18,358 (1)	A	\$0	197,601	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. tionNumber of ) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	Date	Amou Under Secur	le and unt of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code V	/ (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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## **Reporting Owners**

Reporting Owner Name / Address		Relationships						
topotang o mar tanto tantaga		Director	10% Owner	Officer	Other			
GUERNSEY DAVID M 1886 METRO CENTER DRIVE FOURTH FI RESTON, VA 20190	LOOR	Х						
Signatures								
/s/ Jubal Thompson, by power of attorney	12/22/	/2014						
**Signature of Reporting Person	Dat	e						
Evelopetion of Deeperson								

## Explanation of Responses:

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).

(1) These shares were granted for services provided in 2014.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.