FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | 1_ | | | | | | | |
|--|---|---|---|----------|-------|---|--|---|---|----------------------------|----------------------|--|-------------------|--|---|---|---|---|--|--|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Metz Ju | Colony NorthStar, Inc. [CLNS] | | | | | | | | | ` | X | Directo | or | 10% (| Owner | | | | | | |
| (Last) | (F | 3. Date of Earliest Transaction (Month/Day/Year) 03/05/2018 | | | | | | | | | | | Officer below) | r (give title) | Other below | (specify) | | | | | |
| 515 S. FLOWER ST., 44TH FLOOR | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| | | | | | | 4. II Ameridment, Date of Original Flied (Month/Day/Teal) | | | | | | | | | Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | | | |
| LOS ANGELES CA 90071 | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriva | ative | Sec | uritie | s Acc | quired, | , Dis | posed o | f, or | Ben | eficia | lly O | wne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution | | | 3. Transaction Code (Instr. 8) | | | | | and 5) Sec Ben Owr | | ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | Code | v | Amount | (<i>A</i> | A) or D) | Price | ⊤ | Reported Transaction(s) (Instr. 3 and 4) | | | (111301.4) | | | | |
| Class A Common Stock 03/05/2 | | | | | | 2018 | | | P | | 12,000 | | A \$5.71 | | 99 31,867 | | ,867 | D | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | Owi | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | | ransaction ode (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Exerci on Dai Day/Ye | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | | 8. Pric Deriva Securi (Instr. | attive (ity 5) [1] | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | or Nui of | ount mber ires | | | | | | | |

Explanation of Responses:

Remarks:

/s/ David A. Palame, as Attorney-in-fact 03/07/2018

** 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.