FORM 4

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject

OMB APPROVAL								
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Name and Address of Reporting Person* Control I Provide II						2. Issuer Name and Ticker or Trading Symbol Colony Capital, Inc. [CLNY]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Carter J Braxton II						Colony Capital, Inc. [Chivi]									X Direct	tor		10% O	wner		
(Last) (First) (Middle) C/O COLONY CAPITAL, INC.,						3. Date of Earliest Transaction (Month/Day/Year) 03/04/2021										Office below	er (give title v)		Other (s below)	specify	
750 PARK OF COMMERCE DRIVE, SUITE 210					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)																,	filed by On	e Ren	orting Pers	on	
BOCA RATON FL 33487															Form filed by More than One Reporting Person						
(City)		(State	e) (Z	Zip)																	
			Table	I - Nor	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	osed of	, or	Bene	ficia	lly Own	ed				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day						Exec if an	Deemed cution Date, y nth/Day/Year)				es Acquired (A Of (D) (Instr. 3,			Benefic Owned	ies cially Following	Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount	(A) or (D)		Price	Transa	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Class A Common Stock 03/04/2						2021			A ⁽¹⁾		4,904		A	\$0.0	0 34	34,904		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) 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea				Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisal Expiration Date (Month/Day/Year)		te	7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	y C	10. 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 of Date Title Shares											

Explanation of Responses:

1. Represents the receipt of restricted Class A common stock granted by the Issuer to the reporting person in accordance with the Issuer's non-executive director compensation policy in connection with the reporting person's initial election to the Issuer's board of directors. The restricted shares are scheduled to vest on May 7, 2021. The amount of restricted shares was determined by dividing the fixed grant value of \$28,932 (reflecting a pro-rated amount for the period from the reporting person's initial election to the board of directors on March 2, 2021 through the vesting date) by the closing price of the Issuer's common stock on the New York Stock Exchange on March 3, 2021.

Remarks:

/s/ Jenny B. Neslin, as Attorney-in-fact

03/08/2021

** 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.