FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.	C. 20549
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Washington, D.C. 20040	OMB API	PROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02

Filed pursuant to Section 16(a) of the Securities Exchange Act of 19	13
or Section 30(h) of the Investment Company Act of 1940	

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

Name and Address of Reporting Person* Sayward John W.					2. Issuer Name and Ticker or Trading Symbol STAR EQUITY HOLDINGS, INC. [STRR]] (Ch	elationship eck all appli X Directo	cable)	g Pers	son(s) to Iss 10% Ov		
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/13/2023									Officer below)	(give title		Other (s below)	specify	
C/O STAR EQUITY HOLDINGS, INC. 53 FOREST AVENUE SUITE 101				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	C	Т	06870													Form f Persor		e thar	n One Repo	rting
GREEN'	WICH C				Rι	ıle 1	.0b5-	1(c)	Tra	ansa	cti	on Ind	licat	ion						
(City)	(S	tate)	(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Non	-Deriv	ative	Sec	uritie	s Ac	quire	ed, D	isp	osed c	of, or	r Ben	eficial	ly Owne	d			
Dat				2. Transa Date (Month/I	n/Day/Year) if		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.						Securiti Benefici Owned	Securities For Beneficially (D)		n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code V		v	Amount		(A) or (D)	Price			Transac		(III3(II. 4)
Common Stock																100),422		D	
		Т	able II - [sed of onverti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Year			Amount o		unt of irities erlying rative Se		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly D	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable		opiration	Title	0 N 0	lumber					
Restricted Stock Unit	(1)(2)	11/13/2023			Α		5,863		(:	(3)		(3)	Comi		5,863	(1)	5,863		D	

Explanation of Responses:

- 1. Each Restricted Stock Unit represents the right to receive, at settlement, one share of common stock.
- 2. Award of Restricted Stock Units made in accordance with the Company's 2018 Incentive Plan, as amended. The number of Restricted Stock Units granted was determined using the closing sales price per
- 3. One hundred percent (100%) of the Restricted Stock Units are scheduled to vest on the one (1) year anniversary of November 13, 2023, subject to the Reporting Person continuing to be a service provider through such date

/s/ Hannah Bible, as Attorneyin-Fact

11/15/2023

** 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.