## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

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).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*<br>Long Catherine F. |   |  |         |                                       |   | 2. Issuer Name <b>and</b> Ticker or Trading Symbol<br>BrightSpire Capital, Inc. [BRSP] |   |   |   |               |  |         |                | 5. Relationship of Reporting Person(s) to Issuer<br>(Check all applicable) |  |   |  |  |  |
|---|---|--|---------|---------------------------------------|---|--|---|---|---|---------------|--|---------|----------------|--|--|---|--|--|--|
|   |   |  |         |                                       |   | 3. Date of Earliest Transaction (Month/Day/Year)                                       |   |   |   |               |  |         |                | C Direc  |  |   | 10% Ov   |  |  |
| (Last)  | (Last) (First) (Middle)   |  |         |                                       | 05/17/2023  |  |   |   |   |               |  |         | belov          | er (give title<br>v)   |  | Other (s<br>below)  | specity  |  |  |
| 590 MADISON AVENUE  |   |  |         |                                       | 4. If Amendment, Date of Original Filed (Month/Day/Year)  |  |   |   |   |               |  |         | 6 Ir           | 6. Individual or Joint/Group Filing (Check Applicable                      |  |   |  |  |  |
| 33RD FLOOR  |   |  |         |                                       | - The anomalic state of original filed (workinDay/real)   |  |   |   |   |               |  |         | Line           | Line)  |  |   |  |  |  |
|   |   |  |         |                                       |   |  |   |   |   |               |  |         |                |  | filed by On  | •   | 0  |  |  |
| (Street)  |   |  |         |                                       |   |  |   |   |   |               |  |         |                | Form<br>Pers   | n filed by Mc<br>on  | ore than  | n One Rep  | orting   |  |
| NEW YORK NY 10022   |   |  |         | Rule 10b5-1(c) Transaction Indication |   |  |   |   |   |               |  |         |                |  |  |   |  |  |  |
| (0):+ )   | (6  |  | 7:)     |                                       | Rui   | ето  | (2)1-20                                 | Trans   | aci   | lon Ind       | icati  | on      |                |  |  |   |  |  |  |
| (City)  | (5  | (State) (Zip)                              |         |                                       | Check this box to indicate that a transaction was made pursuant to a contract, in satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. |  |   |   |   |               |  |         | truction or wr | itten pla  | n that is inte   | ended to  |  |  |  |
|   |   |  |         |                                       |   | atisfy th  | ne affirmative                          | defense co  | onditio   | ons of Rule 1 | .0b5-1(  | c). See | Instru         | ction 10.  |  |   |  |  |  |
|   |   | Table                                      | I - Nor | n-Deriva                              | tive S  | ecur   | ities Acq                               | uired, I  | Disp  | osed of       | , or I   | Bene    | ficia          | lly Owr  | ned  |   |  |  |  |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)  |   |  |         | /Day/Year) if any                     |   | eemed<br>ution Date,<br>/<br>th/Day/Year)  | 3.<br>Transaction<br>Code (Instr.<br>8) |   | 4. Securities Acquired<br>Disposed Of (D) (Instr.<br>and 5) |               |  |         | cially<br>1    | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4)       |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |  |
|   |   |  |         |                                       |   |  | Code                                    | v   | Amount  | (A)<br>(D)    | ) or<br>)  | Price   |                | ted<br>action(s)<br>3 and 4)   |  |   |  |  |  |
| Class A Common Stock 05/17/2                                  |   |  |         |                                       | 023   |  | A <sup>(1)</sup>                        |   | 18,657  | ·             | A  | \$0 3   |                | 5,638  | 1  | D   |  |  |  |
|   |   | Tab  |         |                                       |   |  | ies Acqu<br>varrants,                   |   |   |               |  |         |                | y Owne   | d  |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | if any  | emed<br>tion Date,<br>I/Day/Year)     | 4.<br>Transa<br>Code (l<br>8)   |  |   | 6. Date Exercisable ar<br>Expiration Date<br>(Month/Day/Year) |   | e             | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security<br>(Instr. 3 and 4 |         | 5<br>(         | . Price of<br>perivative<br>security<br>nstr. 5)                           | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) |   | 0.<br>Dwnership<br>Form:<br>Direct (D)<br>or Indirect<br>I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |

Explanation of Responses:

1. The shares of the Issuer's Class A common stock represent 2023 annual equity consideration in accordance with the Issuer's non-executive director compensation policy and will vest on May 17, 2024.

(D)

(A)

Date

Exercisable

Expiration

Date

**Remarks:** 

/s/ David A. Palame, Attorney-in-Fact

or Number

Shares

of

Title

05/18/2023

\*\* 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.

Code

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.

OMB Number: 3235-0287