FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

| OMB APPROVAL | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|
| OMB Number: 3235-01 | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Stolper Michael | | | . Date of Event Requiring Staten Month/Day/Year 12/12/2020 | nent | 3. Issuer Name and Ticker or Trading Symbol StoneCastle Financial Corp. [BANX] | | | | | | | |
|---|---------|-------|---|-----------------------------|--|------------------------|--|------------------------------------|---|---|--|--|
| (Last) (First) (Middle) C/O STONECASTLE FINANCIAL CORP. | | ` ′ | | | Relationship of Reporting Per (Check all applicable) X Director | | son(s) to Issuer | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| 152 WEST 57TH STREET, 35TH FLOOR | | | | | Officer (give title below) | | Other (spe below) | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | |
| (Street) NEW YORK | NY | 10019 | | | | | | | | y More than One | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | | ially Owned (Instr. 4) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) | | | 2. Date Exercisable and Expiration Date (Month/Day/Year) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. | | | 4. Conversion | e Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | |
| | | | Date Exercisable | Expiration le Date Title | | e | Amount or Number of Shares | Price of Derivative Security | Direct (D) or Indirect (I) (Instr. 5) | | | |

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Michael Stolper 02/24/2020

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).