FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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*     Albrecht Hilary Eva			2. Date of Event Requiring Statement (Month/Day/Year) 06/10/2025	3. Issuer Name and Ticker or Trading Symbol CHAIN BRIDGE BANCORP INC [ CBNA ]			
(Last) (First) (Middle) 4212 THORNAPPLE STREET				ionship of Reporting Person(s) all applicable) Director Officer (give title below) Corporate Secretary &	10% Owner Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) CHEVY CHASE	MD	20815			Corporate Secretary &	Counse	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person
(City)	(State)	(Zip)					Form filed by More than One Reporting Person

## Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities	3. Ownership	4. Nature of Indirect Beneficial Ownership (Instr.		
	Beneficially Owned (Instr. 4)	Form: Direct (D) or	5)		
	1	Indirect (I) (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 or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Indirect (I) (Instr. 5)	

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Hilary Albrecht

06/20/2025

\*\* 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 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).

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.