

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
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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* <u>Olson Terrence W.</u> (Last) (First) (Middle) 100 FEDERAL STREET 31ST FLOOR (Street) BOSTON MA 02110 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>THL Credit, Inc. [TCRD]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) COO & CFO
	3. Date of Earliest Transaction (Month/Day/Year) 06/11/2018	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	06/12/2018		P		13,000 ⁽¹⁾	A	\$8.3907	940,950 ⁽¹⁾	I	Indirect ownership through acquisitions by THL Credit Advisors LLC ⁽²⁾
Common Stock	06/11/2018		P		13,000 ⁽¹⁾	A	\$8.2664	927,950 ⁽¹⁾	I	Indirect ownership through acquisitions by THL Credit Advisors LLC ⁽²⁾

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/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date					

1. Name and Address of Reporting Person*		
<u>Olson Terrence W.</u>		
(Last)	(First)	(Middle)
100 FEDERAL STREET 31ST FLOOR		
(Street)		
BOSTON	MA	02110
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<u>Fellows James R</u>		
(Last)	(First)	(Middle)
227 W MONROE ST., SUITE 3200		
(Street)		
CHICAGO	IL	60606
(City)	(State)	(Zip)
1. Name and Address of Reporting Person*		
<u>Flynn Christopher J.</u>		
(Last)	(First)	(Middle)
100 FEDERAL STREET 31ST FLOOR		
(Street)		
BOSTON	MA	02110
(City)	(State)	(Zip)

Explanation of Responses:

1. Pursuant to instruction 4(b)(iv), the entire amount of the interest held by THL Credit Advisors LLC has been reported.
2. The transactions reported herein were conducted under a Rule 10b5-1 Plan.

Remarks:

For each transaction reported above, the reported amounts represent the entire amount of the interest held by THL Credit Advisors LLC in which each of the Reporting Persons have an interest.

/s/Terrence W. Olson
/s/Sabrina Rusnak-Carlson, as
Attorney-in-Fact for 06/13/2018
Christopher J. Flynn and and
James R. Fellows

** 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.