

CARLYLE CREDIT INCOME FUND

Reported by
ROSS LISA

FORM 3

(Initial Statement of Beneficial Ownership)

Filed 10/16/18 for the Period Ending 08/03/18

| | |
|-------------|--|
| Address | ONE VANDERBILT AVENUE SUITE 3400 NEW YORK, NY, 10017 |
| Telephone | 212 813 4900 |
| CIK | 0001517767 |
| Symbol | CCID |
| Fiscal Year | 09/30 |

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

| | | |
|--|---|--|
| 1. Name and Address of Reporting Person * Ross Lisa (Last) (First) (Middle) 14675 DALLAS PARKWAY, #600 (Street) DALLAS, TX 75254 (City) (State) (Zip) | 2. Date of Event Requiring Statement (MM/DD/YYYY) 8/3/2018 | 3. Issuer Name and Ticker or Trading Symbol Vertical Capital Income Fund [VCAPX] |
| 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) ____ Director ____ 10% Owner ____ X Officer (give title below) ____ Other (specify below) Treasurer / | | 6. Individual or Joint/Group Filing (Check Applicable Line) ____ X Form filed by One Reporting Person ____ Form filed by More than One Reporting Person |
| 5. If Amendment, Date Original Filed (MM/DD/YYYY) | | |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|------------------------------------|---|--|--|
| None | 0 | D | |

Table II - Derivative Securities Beneficially Owned (e.g. , puts, calls, warrants, options, convertible securities)

| 1. Title of Derivate Security (Instr. 4) | 2. Date Exercisable and Expiration Date (MM/DD/YYYY) | | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | 4. Conversion or Exercise Price of Derivative Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|--|--------------------|--|-------------------------------|--|---|---|
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|---|---------------|-----------|------------------|-------|
| | Director | 10% Owner | Officer | Other |
| Ross Lisa 14675 DALLAS PARKWAY #600 DALLAS, TX 75254 | | | Treasurer | |

Signatures

/s/ Lisa R Ross

10/10/2018

**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 control number.