FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
|-------------|------|-------|--|
| | | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|------------|---------------|------------------|
| | | | |

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* Sandler Ian J. | | | | | 2. Issuer Name and Ticker or Trading Symbol Carlyle GMS Finance, Inc. [NONE] | | | | | | | | | heck all a Di | ship of Reportin applicable) rector ficer (give title | | Ssuer Owner (specify | |
|--|--|------|---------------|---|---|--|---------|--------|---|--------|--|---|--|---|--|---|---|--|
| (Last) (First) (Middle) 520 MADISON AVENUE 38TH FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2013 | | | | | | | | | | low) ` | below neral Counsel | າ` ໌ | | |
| (Street) NEW YO (City) | | | .0022 Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Lir | ne) X Fo | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tabl | e I - Nor | ı-Deriv | /ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | Bene | eficia | lly Ow | ned | | |
| Date | | | Date | n/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Dis Code (Instr. 5) | | Securities Acquired (A isposed Of (D) (Instr. 3, | | | d Sec Ben Owi | mount of urities eficially ned Following orted | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A (I | A) or O) | Price | Trai (Ins | saction(s) tr. 3 and 4) | | | |
| Common Stock 05/08 | | | | 8/2013 | | | | | | 582 | A | | \$20 | 20 582 | | I | By Trust | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) | | | | ansaction of ode (Instr. Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price c Derivativ Security (Instr. 5) | ive derivative y Securities | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | Nun of Sha | | | | | |

Explanation of Responses:

/s/ Matthew C. Cottrell, attorney-in-fact

05/10/2013

** Signature of Reporting Person

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.