Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| Washington, | D.C. 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: 0 | | | | | | | | |

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|--|--|---------|---------------------------------|--|---|---|--------|--|---|--|---|--------|------------------------------|--|--|----------------------|--|---|---------|
| Name and Address of Reporting Person* Nestor John G. | | | | | 2. Issuer Name and Ticker or Trading Symbol Carlyle Secured Lending, Inc. [CGBD] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| Nestor John G. | | | | | 0, | | | | | | | | X | Direc | tor | | 10% O | wner | |
| (Last) | (Fi | rst) (N | Middle) | | 3. Da | Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | Office below | er (give title v) | | Other (below) | specify |
| C/O CARLYLE GLOBAL CREDIT INVESTMENT | | | | | 05/24/2022 | | | | | | | | | | | | | | |
| MANAGEMENT, ONE VANDERBILT AVE. STE 3400 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| | | | | | | | | | | | | | | X | X Form filed by One Reporting Person | | | | |
| (Street) NEW Y | ORK N | Y 1 | 0017 | | | | | | | | | | | | Form Perso | | re tha | an One Rep | orting |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Noı | n-Deriva | tive S | Secu | rities | Acq | uired | , Dis | posed of | , or B | enefic | ially | Own | ed | | | |
| Date | | | 2. Transac Date (Month/Da | ay/Year) if an | | A. Deemed xecution Date, any //onth/Day/Year) | | Transaction Di | | 4. Securitie Disposed (5) | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | 4 and Secur Benef Owne | | ities F icially (d Following (| | wnership m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | Code V Amount (A) or Price Reported Transaction(s) (Instr. 3 and 4) | | | | ction(s) | | | (Instr. 4) | | | | | | |
| Common | Common Stock 05/24/ | | | 05/24/2 | 2022 | | | S | | 112.38 | Г | \$13 | 3.8 7,000 | | ,000 | | I | By trust (#4) | |
| | 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) (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year) (Month/Day/Year) 4. Transaction Code (Instr. 8) Security Acquire (A) or Disposo of (D) (Instr. 3 and 5) | | | vative irities ired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) (Month/Day/Year) To Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | | | nt of ities lying ative ity (Instr. 4) | 8. Price o Derivative Security (Instr. 5) | | | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | | |
| Code V (A) (D) Exercisab | | | | | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | | | | |

Explanation of Responses:

Remarks:

/s/ Joshua Lefkowitz, attorney- 05/25/2022 in-fact

** 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.