SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STIFEL FINANCIAL CORP	2. Date of Event Requiring Statem (Month/Day/Year) 05/08/2013	Statement //Year) Carlyle GMS Finance, Inc. [NONE]					
(Last) (First) (Middle) 501 N. BROADWAY			4. Relationship of Reporting Perso (Check all applicable) Director X	n(s) to Issue 10% Owne	(Mo	Amendment, Dannth/Day/Year)	ate of Original Filed
(Street) SAINT LOUIS MO 63102 (City) (State) (Zip)			Officer (give title below)	Other (spe below)	App	licable Line) K Form filed b	VGroup Filing (Check y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock			116,469	D			
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 Securi Underlying Derivative Securit		4. Conversion or Exercise	Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of Responses:	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

Remarks:

/s/ James M. Zemlyak, Chief Financial Officer

08/30/2013

** Signature of Reporting Person Date

** Sign

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.