FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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0.5

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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).

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

								. ,				' '											
Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol  Carlyle GMS Finance, Inc. [ NONE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Levin Jeffrey</u>					1	Carryle Givio i manee, me. [ NONE ]										Direc	ctor		10% Owner				
						-												Officer (give title pelow)		Other (specify below)			
(Last)		(First	) (1	Middle)			3. Date of Earliest Transaction (Month/Day/Year)											Proc	sident				
520 MADISON AVENUE						111/	11/04/2016											110	sidein				
38TH FL	OOR																						
5011111	JOOK					1 If	4. If Amondment, Date of Original Filed (Month/Day/Veer)										6 Individual or Joint/Croup Filing (Chock Applicable						
-						-   4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)																	X Form filed by One Reporting Person						
NEW YO	ORK	NY	1	.0022													, , ,						
						-											Form filed by More than One Reporting Person						
(City)		(State	a) (*	Zip)																			
(City)		(State		<u>- iρ)</u>																			
			Tabl	e I - Noi	า-Deri\	ative/	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally C	wne	ed					
1. Title of S	Security (I	nstr. :	3)		2. Trans	action					3. 4. Securities Acquired (A)							ount of	6. Own		7. Nature		
					Date (Month/	Day/Ves		Execution Date, if any					Disposed Of (D) (Instr. 5)		. 3, 4 a					Form: Direct (D) or Indirect	of Indirect Beneficial		
(WOILII)					Dayrica		Month/Day/Year)		8)		"				Ov		Owned Following (I		(I) (Instr. 4)	Ownership			
															- 1-	Reported Transaction(s)				(Instr. 4)			
										Code	\ \	Amount	(A) or (D)		Price			3 and 4)					
Common Stock 11/04/						4/2016				P		185	A \$		\$18	8.59		5,503	I	)			
-											<u> </u>				<u> </u>				<u> </u>				
			Та									osed of, onvertib					ned						
					e.g., p	uts, c	ans	, waii	ants,	option	is, c	Ulivertib	ne 3	Cuii	uesj								
1. Title of	2.		. Transaction	3A. Deem		4. Transactio		5. Number				sable and	7. Title and			8. Pric				f 10. Ownership	11. Nature of Indirect		
Derivative Security	Conversion or Exercise		Date (Month/Day/Year)	Execution if any	Co	Code (		tr. Derivative ( Securities		Expiration (Month/D				Amount of Securities		Derivative Security		Securities		Form:	Beneficial		
(Instr. 3)	Price of	Ι,		(Month/Da						(,			Underlying			(Instr. 5)		Beneficially		Direct (D)	Ownership		
Derivative Security								Acquired (A) or		Derivative Security (Ir				str. 3		Owned Following			or Indirect (I) (Instr. 4)	(Instr. 4)			
						Disposed			and 4)								Reported	- [ '' '					
							of (D) (Instr. 3, 4 and 5)										Transaction (Instr. 4)	(s)					
				l											(1113411 4)								
						<del>                                     </del>						Am		<del>,  </del>									
								1						or									
										Date		Expiration		Nui	mber								
						Code	v	(A)	(D)	Exercisa		Date	Title		ares								

Explanation of Responses:

Remarks:

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

11/09/2016

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.