FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| 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

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----|--|--|--|--|--|--|--|--|
| | OMB Number: 3235-0287 | | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| 1 | hours per response: | 0.5 | | | | | | | | |

| Check this box to indicate that a |
|---------------------------------------|
| transaction was made pursuant to a |
| contract, instruction or written plan |
| for the purchase or sale of equity |
| securities of the issuer that is |
| intended to satisfy the affirmative |
| defense conditions of Rule 10b5- |
| 1(c) See Instruction 10 |

| 1(0). 56 | ee Instruction | 10. | | | _ | | | | | | | | | | | | | | |
|--|---|--|---|--|---|---|---|--|--------------------------------|--------------------------------------|-----------------|---|---|--|---|---|---|-------------|-------------------------------------|
| 1. Name and Address of Reporting Person* Jenkins Mark David | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Carlyle Secured Lending, Inc.</u> [CGBD] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| <u> </u> | T.IMIL D | | | | | | | | | | | | | 1 | Direct | | | % Ow | |
| (Last) (First) (Middle) ONE VANDERBILT AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/22/2024 | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| SUITE 34 | 400 | | | | | | | | | | | | | | | | | | |
| | | | | | 4. If A | Amend | ment, | Date o | f Origina | al File | d (Month/Da | y/Year) | | 6. Indiv Line) | /idual or | · Joint/Grou | p Filing (Che | eck Ap | plicable |
| (Street) | | | 0015 | | | | | | | | | | | 1 | Form | filed by On | e Reporting | Perso | n |
| NEW YO | ORK N | Y 1 | 0017 | | | | | | | | | | | | Form Perso | | re than One | Repo | rting |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | | |
| | | Table | I - Non | -Deriva | tive S | Secui | rities | s Acq | uired, | Dis | posed of | , or E | Benefi | cially | Own | ed | | | |
| Date | | | | th/Day/Year) if an | | a. Deemed secution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed (5) | | es Acquired (A) Of (D) (Instr. 3, | | 4 and Secur Benef Owne | | cially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Prio | се | Reporte Transa (Instr. 3 | ction(s) | | | Instr. 4) |
| Common | Stock | | | 11/22/2 | 2024 | | | | P | | 3,801 | A | \$1 | 516.79 | | 3,320 | D | | |
| | | Tal | | | | | | | | | osed of, o | | | | Owned | d | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirati (Month/ | ion Da | | 7. Title and Amount of Securities Underlying Derivative Security (In 3 and 4) | | Der Sec (Ins | rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y Owner Form: Direct or Ind (I) (Ins | (D) rect | Benefici Ownersh t (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | Amour or Number of Shares | | | | | | |

Explanation of Responses:

Remarks:

/s/ Joshua Lefkowitz, attorney-11/25/2024 in-fact

** 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.