SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

3235-

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 [*] Morea Joseph	2. Date of Event Requiring Statement (Month/Day/Year) 10/28/2020 3. Issuer Name and Ticker or Trading Symbol Portman Ridge Finance Corp [PTMN]						
(Last) (First) (Middle) C/O PORTMAN RIDGE FINANCE CORPORATION, 650 MADISON AVENUE (Street) NEW YORK NY 10022 (City) (State) (Zip)			4. Relationship of Reporting Issuer (Check all applicable) X Director Officer (give title below)	10% C) wner (specify	A Person	/Year) bint/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock			18,210	I			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)		ate	 3. Title and Amount of Secur Underlying Derivative Securi (Instr. 4) 		4. Convers or Exerc Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.
I I I I I I I I I I I I I I I I I I I	Date Exercisable	Expiratior Date	n Title	Amount Derivativ or Security Number of Shares		ve or Indirect	5)

Explanation of Responses:

Remarks:

/s/ Joseph Morea

10/28/2020

** 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 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.

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