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

1. Name and Address of Reporting Person* Satoren Brandon 2. Date of Event Requiring Statem (Month/Day/Year 04/01/2024			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, 23RD FLOOR			4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below) See Rema	10% Owner Other (specify below)		If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check Applicable Line)			
(Street) NEW YORK NY 10022 (City) (State) (Zip)	=					Person	by More than One Person		
Ta	ıble I - Non	-Derivati	ve Securities Benefic	cially O	wned				
1. Title of Security (Instr. 4)		[2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock			20	Ι)				
(e.g			Securities Beneficiants, options, converti						
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable an Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Cor		Conversion Exerci	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
	Date	Expiration		Amount or Number of	Price of Derivativ Security		5)		

Explanation of Responses:

Remarks:

Chief Financial Officer, Secretary and Treasurer

/s/ Brandon Satoren

04/02/2024

** Signature of Reporting

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.