FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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	OMB APPROVAL								
	OMB Number:	3235- 0104							
	Estimated average burden								
	hours per response:	0.5							

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

ı	Address of Rep od Matthew	J	Requiring S (Month/Day	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		=		4. Relationship of Reportin Issuer (Check all applicable)  X Director Officer (give title below)	g Person(s) to  10% Owner  Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting					
(Street) NEW YORK (City)	NY (State)	10022 (Zip)	-					Form	filed	by More than One Person		
Table I - Non-Derivative Securities Beneficially Owned												
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					43,263	I						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Exp			2. Date Exerc Expiration Da (Month/Day/\	ate	3. Title and Amount of Securi Underlying Derivative Securit (Instr. 4)		4. Conversi or Exerci Price of	cise Form:	•	6. Nature of Indirect Beneficial Ownership (Instr.		
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivativ Security	e or Indir	ect	5)			

**Explanation of Responses:** 

Remarks:

/s/ Matthew Joseph

<u>10/28/2020</u>

\*\* 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.