SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

OMB Number: 3235-0104 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

Boulware Robert J			. Date of Event equiring Staten Month/Day/Year 2/30/2011	nent	3. Issuer Name and Ticker or Trading Symbol Vertical Capital Income Fund [VCAPX]					
(Last) 872 LADERA	(First) LANE	(Middle)				tionship of Reporting Perso all applicable) Director			5. If Amendment, Date of Original Filed (Month/Day/Year)	
(Street) SANTA BARBARA	СА	93108				Officer (give title below)	Other (spe below)		Applicable Line) X Form filed b	l/Group Filing (Check y One Reporting Person y More than One erson
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					. Amount of Securities Seneficially Owned (Instr. 4) or Indirect (I) (Instr. 5)		:t(D) (In	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
N/A						0	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
Expi			Expiration D	2. Date Exercisable and Expiration Date Month/Day/Year)		tle and Amount of Securi erlying Derivative Securit	ty (Instr. 4) Conve or Exe		se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of R			Date Exercisable	Expiratior Date	Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) e or Indirect (I) (Instr. 5)	

Bob Boulware ** Signature of Reporting Person

Date

03/25/2014

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.