FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 1.0 | | | | | | | |

Form 3 Holdings Reported.

Eiled pursuant to Section 16(a) of the Securities Eychange Act of 1934

OWNERSHIP

| X Form 4 | Transactions R | teported. | FIII | or Section | | | | | ompany Ac | | | | | | | | |
|--|---|--|---|---|---|--|------|--|-----------|---|----------------------|---------|--|---|--|--|---------------------------------------|
| Name and Address of Reporting Person* Cohen Michael D | | | | | 2. Issuer Name and Ticker or Trading Symbol Vertical Capital Income Fund [VCAPX] | | | | | (Che | eck all app Direc | | | 10% | Solution Issuer Owner Owner (specify | | |
| (Last) 14675 DA SUITE 60 | (Fir ALLAS PAI | , | Middle) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 09/30/2017 | | | | | | | 2 | X Officer (give title Other (specify below) President | | | | |
| (Street) DALLAS (City) | | | 75254 Zip) | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | erson | | | | |
| | | Tabl | e I - Non-Deriv | ative Sec | uritie | es Ac | quir | ed, Di | sposed | of, or | Benefi | ciall | y Owne | ed | | | |
| Date (Month/Day/Year) i | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | | | | Securit Benefic | | ies O | | Ownership Form: Direct | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | (| | , | | Amoun | t | (A) or (D) Price | | | Issuer's Year (In 4) | s Fiscal Ìnd | | r. 4) | (Instr. 4) |
| Shares of Beneficial Interest 07 | | | 07/21/2017 | | P4 | | ļ | 3,958.828 | | A | \$12. | \$12.63 | | 3,992.985 | | I | Spouse's Trust |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 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) | of Derive Secu Acque (A) of Disposof (D) (Insti | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Date Exercisable and piration Date onth/Day/Year) ate Expiration Date | | Amo Secu Unde Deriv Secu and | | | . Price of Perivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s Ily | 10. Ownersh Form: Direct (D) or Indirec (I) (Instr. | Beneficial Ownership (Instr. 4) |

Explanation of Responses:

/s/ Michael D. Cohen

10/18/2017

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ 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).