FORM 3

UNITED STATES SECURITIES AND EXCHANGE

Washington, D.C. 20549

COMMISSION

OMB APPROVAL 3235-OMB Number: 0104 Estimated average burden

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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

1. Name and Address of Reporting Person* MATTOX M JASON			2. Date of E Requiring S (Month/Day 04/22/202	statement /Year)	3. Issuer Name and Ticker or Trading Symbol Vertical Capital Income Fund [VCIF]				
(Last) 5301 ALPH SUITE 80-2		(Middle)	04/22/202	.2	4. Relationship of Reporting Issuer (Check all applicable) Director	10% O	wner	5. If Amendment, Filed (Month/Day/ 06/21/2019	
(Street) DALLAS (City)	TX (State)	75380 (Zip)			X Officer (give X title below) X Secretary / COO of	below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
Table I - Non-Derivative Securities Beneficially Owned									
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr.	3. Owner	Direct Ownership (Instr. 5)			
					4)	(D) or Ir (I) (Insti	ndirect		
Vertical Cap	ital Income F	und [VCIF]			•	(D) or Ir	ndirect : 5)		
Vertical Cap	ital Income F	7		erivative	4)	(D) or Ir (I) (Insti	ed		
	ital Income F	(e.g.,		Perivative s, warra	1,110 Securities Beneficial nts, options, convertil	(D) or Ir (I) (Instri	ed		6. Nature of Indirect Beneficial Ownership (Instr. 5)

Explanation of Responses:

/s/ Michael J Mattox

04/22/2022

** 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.