FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burden					
ours per respons	e 0.5				

longer subject to
Section 16. Form 4 or
Form 5 obligations
may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN 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

. Name and Address of Reporting Person * BARINGS LLC			2. Issuer Name and Ticker or Trading Symbol Barings BDC, Inc. [BBDC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) N 10% Owner						
(First) STREET,	(Middle) , SUITE 2500	3. Date of Earliest Transaction (Month/Day/Year) 10/24/2018				Officer (give title below) X Other (specify below) Investment Adviser								
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)			r) -	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person								
(State)	(Zip)	Та	ble I - Nor	ı-Der	rivative S	ecuritie	s Acqui	red, Dispo	osed of, or	Beneficially	Owned			
Ι	Date	any	Code (Instr. 8)		(A) or Dispo		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	D) Beneficially Owned Follow Reported Transaction(s)		Following	Form:	Beneficial
		(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price				or Indirect	Ownership (Instr. 4)		
res") 1	10/24/2018		P(1)		47,528			9,974,9	11		D			
parate line fo	or each class of sec	urities beneficially		,										
				con	ntained i	n this f	orm are	e not req	uired to re	spond un	less	EC 1474 (9- 02)		
		Derivative Securit	ies Acquir	ed F	Disposed (of or Re	anaficial	lly Owned	l					
		(e.g., puts, calls, wa	arrants, op											
. Transaction Date Month/Day/Y	n 3A. Deemed Execution D Year) any	`	5. Numbe	er 6. I and e (M	s, convert Date Exer d Expiration	cisable on Date	7. Ti Amo Und Secu	itle and bunt of erlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners: Form of Derivati Security Direct (I	Ownershi (Instr. 4)		
	(First) STREET, (Street) 8202 (State)	(First) (Middle) STREET, SUITE 2500 (Street) 8202 (State) (Zip) 2. Transaction Date (Month/Day/Year) res") 10/24/2018 parate line for each class of sec	Barings BDC,	Barings BDC, Inc. [BBI (First) (Middle) 3. Date of Earliest Transaction 10/24/2018 4. If Amendment, Date Origing 4. If Amendment, Date Origing 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Instr. 8) 2. Transaction Date (Instr. 8) Code (Instr. 8) Code Code (Instr. 8) Code P(I) Code P(I)	Barings BDC, Inc. [BBDC] (First)	Barings BDC, Inc. [BBDC]	Barings BDC, Inc. [BBDC] (First)	Barings BDC, Inc. [BBDC] (First)	Barings BDC, Inc. [BBDC] Directed Offices	Barings BDC, Inc. [BBDC] Chemotory	Barings BDC, Inc. [BBDC] Check all application of the price of the	Barings BDC, Inc. [BBDC]		

Reporting Owners

Barrella Carrella Name / Addison	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BARINGS LLC 300 SOUTH TRYON STREET SUITE 2500 CHARLOTTE, NC 28202		X		Investment Adviser		

Signatures

Ann Malloy as Attorney-in-fact	10/24/2018
**Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) The transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 Trading Plan adopted by the Reporting Person in accordance with Rule 10b5-1 of the Securities Exchange Act of 1934, as amended.

(2) undertakes to provide upon request to the SEC staff, the Issuer or a security holder of the Issuer full information regarding the number of shares and prices at which the transaction was effected.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.