

Relationship:

Executive Officer

☐ Director

Promoter Promoter

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

OMB APPROVAL
OMB Number: 3235-0076
Expires: August 31, 2015
Estimated Average burden hours per response: 4.0

			per response. 4.0
1. Issuer's Identity		20.00	
CIK (Filer ID Number)	Previous Name(s)	None	Entity Type
0001379785	Triangle Capital	CORP	• Corporation
Jame of Issuer	_		C Limited Partnership
Barings BDC, Inc.]		C Limited Liability Company
urisdiction of ncorporation/Organization			C General Partnership
MARYLAND	7		6
Year of Incorporation/Organizati	니 on		Business Trust
Over Five Years Ago			Other
O Within Last Five Years			
(Specify Year) O Yet to Be Formed			
Tet to be I of filed			
2. Principal Place of E	Business and	Contact Info	ormation
Name of Issuer			
Barings BDC, Inc.			
treet Address 1		Street Address 2	
300 SOUTH TRYON STREET		SUITE 2500	
City S	State/Province/Country	ZIP/Postal C	Code Phone No. of Issuer
CHARLOTTE	NORTH CAROLINA	28202	(704) 805-7200
3. Related Persons			
Last Name	First Name		Middle Name
Lloyd	Eric		
treet Address 1		Street Address 2	
300 South Tryon Street			
·	State/Dunnings/Con-		ZID/Dantal Cada
City	State/Province/Cour		ZIP/Postal Code
Charlotte	NORTH CAROLI	INA	28202
		(m	
Relationship: Execu	utive Officer	Director	Promoter
Clarification of Response (if Necessa	ry)		
Last Name	First Name		Middle Name
Doole		1	
DOCK	Jonathan		
	-1	Street Address 2	
Street Address 1	-1		
treet Address 1 300 South Tryon Street		Suite 2500	7IP/Paetal Cada
Bock Street Address 1 300 South Tryon Street City Charlotte	-1	Suite 2500	ZIP/Postal Code

Clarification of Response (if N	ecessary)			
<u> </u>				
Last Name	First Name		Middle Name	
LaGrant	Melissa			
Street Address 1		Street Address 2	2	
300 South Tryon Street		Suite 2500		
City	State/Province	e/Country	ZIP/Postal Code	
Charlotte	NORTH CA	ROLINA	28202	
Relationship:	Executive Officer	Director	Promoter	
Clarification of Response (if N	ecessary)			
Last Name	First Name		Middle Name	
Fowler	Ian			
Street Address 1		Street Address 2	=-1 }	
300 South Tryon Street		Suite 2500		
City	State/Province	c/Country	ZIP/Postal Code	
Charlotte	NORTH CA		28202	
Relationship:	Executive Officer	Director	Promoter	
Last Name	First Name		Middle Name	
Freno	Mike			
Street Address 1		Street Address 2	2	
300 South Tryon Street		Suite 2500		
City	State/Province	c/Country	ZIP/Postal Code	
Charlotte	NORTH CA	ROLINA	28202	
Relationship:	Executive Officer	☑ Director	Promoter	
Clarification of Response (if N	ecessary)			
Last Name	First Name		Middle Name	
Okel	Thomas			
Street Address 1		Street Address 2	2	
300 South Tryon Street		Suite 2500		
City	State/Province	e/Country	ZIP/Postal Code	
Charlotte	NORTH CA		28202	
			<u> </u>	
Relationship:	Executive Officer	Director	Promoter	
Clarification of Response (if N	ecessary)			
· F	**			

Last Name	First Name		Middle Name
Olmstead	Jill		
Street Address 1		Street Address 2	
300 South Tryon Street		Suite 2500	
City	State/Province/Cou	intry	ZIP/Postal Code
Charlotte	NORTH CAROL	INA	28202
Relationship: Execut	ive Officer	Director	Promoter
Clarification of Response (if Necessary)		
Last Name	First Name		Middle Name
Switzer	John		
Street Address 1		Street Address 2	
300 South Tryon Street		Suite 2500	
City	State/Province/Cou	intry	ZIP/Postal Code
Charlotte	NORTH CAROL	INA	28202
Relationship: Execut	ive Officer	Director	Promoter
Clarification of Response (if Necessary)		
Last Name	First Name		Middle Name
Mulhern	Mark		
Street Address 1		Street Address 2	
300 South Tryon Street		Suite 2500	
City	State/Province/Cou	intry	ZIP/Postal Code
Charlotte	NORTH CAROL	INA	28202
Relationship: Execut	ive Officer	Director	Promoter
Clarification of Response (if Necessary)		
The state of the s	,		
Last Name			
	First Name		Middle Name
Finke	First Name Thomas		Middle Name
Finke Street Address 1		Street Address 2	Middle Name
		Street Address 2 Suite 2500	Middle Name
Street Address 1		Suite 2500	Middle Name ZIP/Postal Code
Street Address 1 300 South Tryon Street	Thomas	Suite 2500	
Street Address 1 300 South Tryon Street City	Thomas State/Province/Cou	Suite 2500	ZIP/Postal Code
Street Address 1 300 South Tryon Street City Charlotte	Thomas State/Province/Cou	Suite 2500	ZIP/Postal Code
Street Address 1 300 South Tryon Street City Charlotte Relationship: Execut	State/Province/Cou NORTH CAROL ive Officer	Suite 2500	ZIP/Postal Code
Street Address 1 300 South Tryon Street City Charlotte	State/Province/Cou NORTH CAROL ive Officer	Suite 2500	ZIP/Postal Code

4. Industry Group					
4. Industry Group Agriculture Banking & Financial Services Commercial Banking Insurance Investing Investing Investment Banking Pooled Investment Fund Other Investment Fund *Is the issuer registered as an	0000	th Care Biotechnology Health Insuranc Hospitals & Phy Pharmaceutical Other Health C	ysicians s		Retailing Restaurants Technology Computers Telecommunications Other Technology Travel
investment company under the Investment Company Act of 1940? C Yes No Other Banking & Financial C Services C Business Services Energy C Coal Mining C Electric Utilities C Energy Conservation C Environmental Services C Oil & Gas C Other Energy	Real C C C	ufacturing Estate Commercial Construction REITS & Finan Residential Other Real Esta		c	C Airlines & Airports C Lodging & Conventions C Tourism & Travel Services C Other Travel Other
5. Issuer Size					
Revenue Range C No Revenues C \$1 - \$1,000,000 C \$1,000,001 - \$5,000,000 C \$5,000,001 - \$25,000,000 C \$25,000,001 - \$100,000,000 C Over \$100,000,000 C Decline to Disclose C Not Applicable 6. Federal Exemption(s) a apply) Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504 (b)(1)(ii) Rule 504 (b)(1)(iii) Rule 504 (b)(1)(iii)		0 0 0 0 0 0 0	\$1 - \$5,00 \$5,000,00 \$25,000,0 \$25,000,0 Over \$100 Decline to Not Appli	gate Ne 0,000 1 - \$25,0 01 - \$50 01 - \$10 0,000,000,00 0 Disclosicable	t Asset Value 000,000 ,000,000 0,000,000 00 se d (select all that
7. Type of Filing New Notice Date of First Sale Amendment	201	8-08-02		First	Sale Yet to Occur
8. Duration of Offering					
Does the Issuer intend this offering to last me	ore tha	an one year?		О.	Yes © No

9. Type(s) of Securities Offered (select all that apply)
Pooled Investment Fund
Tenant-in-Common Securities Debt
Mineral Property Securities Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Other (describe)
10. Business Combination Transaction
Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?
Clarification of Response (if Necessary)
For more detail the issuer's sale of shares described herein and related transactions, see the Current Reports on Form 8-K filed by the issuer with the Securities and Exchange Commission on July 31, 2018 and August 2, 2018.
11. Minimum Investment
Minimum investment accepted from any outside investor USD
12. Sales Compensation
Recipient Recipient CRD Number None
(Associated) Broker or Dealer None (Associated) Broker or Dealer CRD None Number
Street Address 1 Street Address 2
City State/Province/Country ZIP/Postal Code
State(s) of Solicitation All States
13. Offering and Sales Amounts
Total Offering Amount \$ ■ USD □ Indefinite
Total Amount Sold \$ 100000000 USD
Total Remaining to be Sold USD ☐ Indefinite
Clarification of Response (if Necessary)
14. Investors
14. 111/03(013
Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, Number of such non-accredited investors who already have invested in the offering
Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an
expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions	\$ 0	USD	Estimate
Finders' Fees	\$ 0	USD	Estimate
Clarification of Response (if Necessar	y)		

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 0	USD	\Box	Estimate
	•		

Clarification of Response (if Necessary)

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Barings BDC, Inc.	Melissa LaGrant	Melissa LaGrant	Chief Compliance Officer	2018-08-15