FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| | OMB APPROVAL | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* <u>LILLY STEVEN C</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol Barings BDC, Inc. [TCAP] | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|--|------------------|----|-------|---|--|--|---------------------------|--|---|--------------------|--|---|-------------------------------------|---|--|---------------|--|--|--|
| (Last) (First) (Middle) | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2018 | | | | | | | | Officer (g below) | jive title | | Other (s below) | specify | |
| 3700 GLENW | | | | | | | | | | | CFO and Secretary | | | | | | | | | |
| SUITE 530 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| (Street) | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| RALEIGH | RALEIGH NC 27612 | | | | | | | | | | | | | | T OITH IIIC | a by More | uiuii O | no reportin | g 1 010011 | |
| (City) | (State) | (Zi _l | o) | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| Date | | | | | | ansaction nth/Day/Year) | | ed n Date, ay/Year) | 3. Transac Code (Ir 8) | | n Disposed Of | | ies Acquired (A) or Of (D) (Instr. 3, 4 an | | | | Form: | nership Direct (D) irect (I) 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 an | | | | (Instr. 4) | |
| Common Stock 07/3 | | | | | | | | | F | | 51,804 D | | \$12 | 256, | 256,818 | | D | | | |
| 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) | ative Conversion Date Execution Date, ity (Instr. 3) or Exercise (Month/Day/Year) if any | | | ~ c | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | te | 7. Title and Amo Securities Unde Derivative Secu (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Explanation of Re | | | | C | Code V | | (A) | (D) | Date Exercisa | | Expiration Date | Title | | Amount or Number of Shares | | Transaction(s) (Instr. 4) | | | | |

Remarks:

Harry S. Pangas, attorney-infact for Steven C. Lilly

08/02/2018

** Signature of Reporting Person

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 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).

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.