

FORM D
Notice of Exempt Offering of Securities

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

1. Issuer's Identity

CIK (Filer ID Number)	Previous Name(s) ☐ None	Entity Type
0001379785	Triangle Capital CORP	☒ Corporation
Name of Issuer		☐ Limited Partnership
Barings BDC, Inc.		☐ Limited Liability Company
Jurisdiction of Incorporation/Organization		☐ General Partnership
MARYLAND		☐ Business Trust
Year of Incorporation/Organization		☐ Other
☒ Over Five Years Ago		
☐ Within Last Five Years (Specify Year)		
☐ Yet to Be Formed		

2. Principal Place of Business and Contact Information

Name of Issuer			
Barings BDC, Inc.			
Street Address 1		Street Address 2	
300 SOUTH TRYON STREET		SUITE 2500	
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
CHARLOTTE	NORTH CAROLINA	28202	(704) 805-7200

3. Related Persons

Last Name	First Name	Middle Name
Lloyd	Eric	
Street Address 1		Street Address 2
300 South Tryon Street		
City	State/Province/Country	ZIP/Postal Code
Charlotte	NORTH CAROLINA	28202
Relationship:	☒ Executive Officer	☒ Director
		☐ Promoter
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Bock	Jonathan	
Street Address 1		Street Address 2
300 South Tryon Street		Suite 2500
City	State/Province/Country	ZIP/Postal Code
Charlotte	NORTH CAROLINA	28202
Relationship:	☒ Executive Officer	☐ Director
		☐ Promoter

Clarification of Response (if Necessary)

Last Name

LaGrant

First Name

Melissa

Middle Name

Street Address 1

300 South Tryon Street

Street Address 2

Suite 2500

City

Charlotte

State/Province/Country

NORTH CAROLINA

ZIP/Postal Code

28202

Relationship:

☒ Executive Officer

☐ Director

☐ Promoter

Clarification of Response (if Necessary)

Last Name

Fowler

First Name

Ian

Middle Name

Street Address 1

300 South Tryon Street

Street Address 2

Suite 2500

City

Charlotte

State/Province/Country

NORTH CAROLINA

ZIP/Postal Code

28202

Relationship:

☒ Executive Officer

☐ Director

☐ Promoter

Clarification of Response (if Necessary)

Last Name

Freno

First Name

Mike

Middle Name

Street Address 1

300 South Tryon Street

Street Address 2

Suite 2500

City

Charlotte

State/Province/Country

NORTH CAROLINA

ZIP/Postal Code

28202

Relationship:

☐ Executive Officer

☒ Director

☐ Promoter

Clarification of Response (if Necessary)

Last Name

Okel

First Name

Thomas

Middle Name

Street Address 1

300 South Tryon Street

Street Address 2

Suite 2500

City

Charlotte

State/Province/Country

NORTH CAROLINA

ZIP/Postal Code

28202

Relationship:

☐ Executive Officer

☒ Director

☐ Promoter

Clarification of Response (if Necessary)

Last Name	First Name	Middle Name
Olmstead	Jill	
Street Address 1	Street Address 2	
300 South Tryon Street	Suite 2500	
City	State/Province/Country	ZIP/Postal Code
Charlotte	NORTH CAROLINA	28202
Relationship:	☐ Executive 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/Country	ZIP/Postal Code
Charlotte	NORTH CAROLINA	28202
Relationship:	☐ Executive 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/Country	ZIP/Postal Code
Charlotte	NORTH CAROLINA	28202
Relationship:	☐ Executive Officer	☒ Director
	☐ Promoter	
Clarification of Response (if Necessary)		

Last Name	First Name	Middle Name
Finke	Thomas	
Street Address 1	Street Address 2	
300 South Tryon Street	Suite 2500	
City	State/Province/Country	ZIP/Postal Code
Charlotte	NORTH CAROLINA	28202
Relationship:	☐ Executive Officer	☒ Director
	☐ Promoter	
Clarification of Response (if Necessary)		

4. Industry Group

☐ Agriculture	☐ Health Care	☐ Retailing
☐ Banking & Financial Services	☐ Biotechnology	☐ Restaurants
☐ Commercial Banking	☐ Health Insurance	☐ Technology
☐ Insurance	☐ Hospitals & Physicians	☐ Computers
☐ Investing	☐ Pharmaceuticals	☐ Telecommunications
☐ Investment Banking	☐ Other Health Care	☐ Other Technology
☒ Pooled Investment Fund	☐ Manufacturing	☐ Travel
☐ Other Investment Fund	☐ Real Estate	☐ Airlines & Airports
*Is the issuer registered as an investment company under the Investment Company Act of 1940?	☐ Commercial	☐ Lodging & Conventions
☐ Yes ☒ No	☐ Construction	☐ Tourism & Travel Services
☐ Other Banking & Financial Services	☐ REITS & Finance	☐ Other Travel
☐ Business Services	☐ Residential	☐ Other
☐ Energy	☐ Other Real Estate	
☐ Coal Mining		
☐ Electric Utilities		
☐ Energy Conservation		
☐ Environmental Services		
☐ Oil & Gas		
☐ Other Energy		

5. Issuer Size

Revenue Range	Aggregate Net Asset Value Range
☐ No Revenues	☐ No Aggregate Net Asset Value
☐ \$1 - \$1,000,000	☐ \$1 - \$5,000,000
☐ \$1,000,001 - \$5,000,000	☐ \$5,000,001 - \$25,000,000
☐ \$5,000,001 - \$25,000,000	☐ \$25,000,001 - \$50,000,000
☐ \$25,000,001 - \$100,000,000	☐ \$50,000,001 - \$100,000,000
☐ Over \$100,000,000	☒ Over \$100,000,000
☐ Decline to Disclose	☐ Decline to Disclose
☐ Not Applicable	☐ Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

☐ Rule 504(b)(1) (not (i), (ii) or (iii))	☐ Rule 505
☐ Rule 504 (b)(1)(i)	☒ Rule 506(b)
☐ Rule 504 (b)(1)(ii)	☐ Rule 506(c)
☐ Rule 504 (b)(1)(iii)	☐ Securities Act Section 4(a)(5)
	☐ Investment Company Act Section 3(c)

7. Type of Filing

☐ New Notice	Date of First Sale	☐ First Sale Yet to Occur
	2018-08-02	
☒ Amendment		

8. Duration of Offering

Does the Issuer intend this offering to last more than one year? ☐ Yes ☒ No

9. Type(s) of Securities Offered (select all that apply)

- ☐ Pooled Investment Fund Interests ☒ Equity
- ☐ 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? ☐ Yes ☒ No

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	(Associated) Broker or Dealer CRD Number	☐ None
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 \$ USD

Total Remaining to be Sold \$ USD ☐ Indefinite

Clarification of Response (if Necessary)

14. Investors

☐ 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 \$ USD ☐ Estimate

Finders' Fees \$ USD ☐ Estimate

Clarification of Response (if Necessary)

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.

\$ USD ☐ 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