FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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 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

| Print or Type Responses) | | | | | | | | | | |
|---|--|-------------------------------|--------------------------------------|-------|--------------|---------------|--|--|---|-------------------------|
| 1. Name and Address of Reporting P CRANDALL ROGER W | 2. Issuer Name and Ticker or Trading Symbol Barings BDC, Inc. [BBDC] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | |
| (Last) (First) (Middle) MASSACHUSETTS MUTUAL LIFE INSURANCE CO, 1295 STATE STREET | | 3. Date of Earlies 05/06/2020 | Transaction | on (N | Ionth/Day | /Year) | Officer (give title below) X Adviser Board M | Other (specify lember | below) | |
| (Street) | 4. If Amendment, Date Original Filed(Month/Day/Year) 05/14/2020 | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person | | | |
| SPRINGFIELD, MA 01111 | | | | | | | Form filed by More than One Reporting Person | | | |
| (City) (State) | (Zip) | T | able I - No | n-De | rivative S | Securit | red, Disposed of, or Beneficially | Owned | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) (Mo | | 3. Transaction Code (Instr. 8) | | | sposed of (D) | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect | Beneficial Ownership |
| | | | Code | V | Amount (D) | | Price | | (I) (Instr. 4) | |
| Common Shares | 05/06/2020 | | P | | 300 | A | \$ 6.69 | 300 | D | |
| Common Shares | 05/06/2020 | | P | | 100 A \$ 6.7 | | \$ 6.73 | 400 | D | |
| Common Shares | 05/06/2020 | | P | | 100 | A | \$ 6.735 | 500 | D | |
| Common Shares | 05/06/2020 | | P | | 500 | A | \$ 6.755 | 1,000 | D | |
| Common Shares | 05/06/2020 | | P | | 450 | A | \$ 6.775 | 1,450 | D | |
| Common Shares | 05/06/2020 | | P | | 800 | A | \$ 6.78 | 2,250 | D | |
| Common Shares | 05/06/2020 | | P | | 500 | A | \$ 6.8434 | 2,750 | D | |
| Common Shares | 05/08/2020 | | P | | 300 | A | \$ 6.73 | 3,050 | D | |
| Common Shares | 05/08/2020 | | P | | 1,000 | A | \$ 6.7399 | 4,050 | D | |
| Common Shares | 05/08/2020 | | P | | 1,000 | A | \$ 6.74 | 5,050 | D | |
| Common Shares | 05/08/2020 | | P | | 500 | A | \$ 6.745 | 5,550 | D | |
| Common Shares | 05/08/2020 | | P | | 200 | A | \$ 6.7469 | 5,750 | D | |
| Common Shares | 05/08/2020 | | P | | 1,500 | A | \$ 6.7485 | 7,250 | D | |
| Common Shares | 05/08/2020 | | P | | 1,500 | A | \$ 6.75 | 8,750 | D | |
| Common Shares | 05/08/2020 | | P | | 500 | A | \$ 6.76 | 9,250 | D | |
| Common Shares | 05/12/2020 | | P | | 2,000 | A | \$ 6.68 | 11,250 | D | |
| Common Shares | 05/13/2020 | | P | | 1,000 | A | \$ 6.59 | 12,250 | D | |
| Common Shares | 05/13/2020 | | P | | 1,000 | A | \$ 6.61 | 13,250 | D | |
| Common Shares | 05/14/2020 | | P | | 1,000 | A | \$ 6.34 | 14,250 | D | |
| Common Shares | 05/14/2020 | | P | | 1,000 | A | \$ 6.44 | 15,250 | D | |
| | | | | | | | | | | |

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 control number.

SEC 1474 (9-02)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

| 1. Titl Deriva Securi (Instr. | ative ity 3) | Conversion | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code | | 5. Numl of Deriv Secur Acqu (A) o Dispo | rative rities ired r | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amou Unde Secur | unt of rlying | Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|--|--------------|------------|---|------|---|--|-------------------------------|--|--------------------|-----------------------|--|--------------------------------------|--|--|--|
| | | | | Code | v | (Instr 4, and | 15) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Reporting Owners

| Reporting Owner Name / Address | | Relationships | | | | | | |
|--|--|---------------|---------|----------------------|--|--|--|--|
| | | 10% Owner | Officer | Other | | | | |
| CRANDALL ROGER W MASSACHUSETTS MUTUAL LIFE INSURANCE CO 1295 STATE STREET SPRINGFIELD, MA 01111 | | | | Adviser Board Member | | | | |

Signatures

| Ann Malloy as Attorney-In-Fact | 05/27/2020 |
|---------------------------------|------------|
| **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).

Remarks

Amending Form 4 filed on 05/14/20 via Accession number 0001225208-20-007733 and 0001225208-20-008273 filed 05/27/20 to correct discrepancy in price and to itemize transactions previously reported in the aggregate.

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.