FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | DVAL | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|
| | 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).

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* Persily Julie | | | | | | | 2. Issuer Name and Ticker or Trading Symbol Runway Growth Credit Fund Inc. [NONE] | | | | | | | | | all app | ionship of Reporting I all applicable) Director | | Person(s) to Issuer 10% Owner | | |
|--|--|--------|------|-------|--------------------------------|-------|--|---|--|---|--------------------|---|-----------------|--|---|---|---|---|----------------------------------|--|--|
| (Last) (First) (Middle) C/O RUNWAY GROWTH CREDIT FUND INC. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/12/2017 | | | | | | | | | Office below | er (give title v) | | Other (specify below) | | |
| 2925 WOODSIDE ROAD | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| WOODSIDE CA 94062 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) E | Execution If any | A. Deemed kecution Date, any lonth/Day/Year) | | 3. Transaction Code (Instr. 8) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Sec Ben Owr | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amount | | (A) or (D) | Price | • | Reported Transaction(s) (Instr. 3 and 4) | | | | (111511.4) | | | |
| Common | Stock, par | 2/2017 | , | | | P | | 363.7 | 3 | A | \$15 | | 664.87 | | 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) | vative Conversion Date Execution Darity or Exercise (Month/Day/Year) if any | | | Date, | Date, Transaction Code (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | D) ect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nun of | nber | | | | | | | |

Explanation of Responses:

Remarks:

Thomas B. Raterman is signing on behalf of Ms. Persily pursuant to the power of attorney dated January 27, 2017, which was previously filed with the Securities and Exchange Commission as an exhibit to the Form 3 filed by Ms. Persily on February 3, 2017.

/s/ Thomas B. Raterman, on behalf of Julie Persily

06/14/2017

** 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.