FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANG	SES IN BENEI	FICIAL OW	NERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average I	burden
hours per respense	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

1. Name and Address of Reporting Person* Retirement Plan of Carilion Clinic				2. Issuer Name and Ticker or Trading Symbol Runway Growth Credit Fund Inc. [NONE]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify)							
(Last) (First) (Middle) 213 SOUTH JEFFERSON STREET				3. Date of Earliest Transaction (Month/Day/Year) 06/12/2017										below)		below)				
SUITE 807				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) ROANO	KE VA	Δ 2	24011		-										Y Form filed by One Reporting Perso Form filed by More than One Reporterson					
(City)	(St	ate) (Zip)																	
		Tabl	e I - Noi	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, or	Bene	eficia	ally C	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da			ay/Year) Exec		xecution any	a. Deemed recution Date, any onth/Day/Year)				ies Acquired (A) o Of (D) (Instr. 3, 4			and 5) Secu Bene		rities ficially ed Following		ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount		(A) or (D)	Price	, I	Transaction(s) (Instr. 3 and 4)				,	
Common Stock, par value \$0.01 per share 06/3			06/12/	./2017				P		181,888.53		A	\$15		332,444.6			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)	perivative Conversion Date Execution Date, lecurity or Exercise (Month/Day/Year) if any		Date,	4. Transaction Code (Instr. 8)			rative rities ired r osed)	6. Date Exerci Expiration Dat (Month/Day/Ye		e	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)		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code					Expiration Date	or Number of Title Shares											

Explanation of Responses:

Remarks:

Thomas B. Raterman is signing on behalf of Retirement Plan of Carilion Clinic pursuant to the power of attorney dated April 21, 2017, which was previously filed with the Securities and Exchange Commission as an exhibit to the Form 3 filed by Retirement Plan of Carilion Clinic on April 21, 2017.

/s/ Thomas B. Raterman, on behalf of Retirement Plan of **Carilion Clinic**

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.