FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	OMB Number:	3235-0287
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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

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]								5. Relationship of Reporting Person(s) to (Check all applicable) Director X 10%					Issuer Owner
(Last) (First) (Middle) 213 SOUTH JEFFERSON STREET							3. Date of Earliest Transaction (Month/Day/Year) 12/08/2017									Office	er (give title v)		Other (below)	(specify
SUITE 807 (Street) ROANOKE VA 24011 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, or	Bene	ficia	ally C	Owne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						ır) E	Execution if any	A. Deemed xecution Date, any Month/Day/Year)		Transaction Disposed Code (Instr. 5)			ties Acquired (A) d Of (D) (Instr. 3, 4			Securi Benefi Owned	ecurities eneficially		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	v	Amount		(A) or (D)	Price	, I	Transa	ransaction(s) Instr. 3 and 4)			(msu. 4)			
Common Stock, par value \$0.01 per share 12/08					/2017				P		196,631	1.6	A	\$1	15	787,878.8			D	
		Та									osed of, onvertib				y Ow	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n 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)	Ownership Form: Direct (D)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)		Date Exercisa		Expiration Date	Title	or Nun of Sha							

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**

12/11/2017

** 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.