## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

| VVa | isnington, | D.C. | 20549 |
|-----|------------|------|-------|
|     |            |      |       |

| <b>STATEMENT</b> | <b>OF CHANGES</b> | IN BENEFICIAL | <b>OWNERSHIP</b> |
|------------------|-------------------|---------------|------------------|

| OMB APPRO              | OVAL                                  |
|------------------------|---------------------------------------|
| OMB Number:            | 3235-0287                             |
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| hours per response:    | 0.5                                   |
|                        | OMB Number:<br>Estimated average burd |

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*     Carilion Clinic  |   |        |                              |   | 2. Issuer Name and Ticker or Trading Symbol Runway Growth Credit Fund Inc. [ NONE ] |   |        |                   |  |       |          |                      | 5. Relationship of Reportin<br>(Check all applicable)<br>Director<br>Officer (give title |   |   |  | X 10% C                                |        |   |   |
|--|---|--------|------------------------------|---|---|---|--------|-------------------|--|-------|----------|----------------------|--|---|---|--|--|--------|---|---|
| (Last) (First) (Middle) 213 SOUTH JEFFERSON STREET   |   |        |                              |   | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2019                         |   |        |                   |  |       |          |                      |  |   | belov   |  |  | below) |   |   |
| SUITE 8  | 07<br>  |        |                              |   | 4. If   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                    |        |                   |  |       |          |                      | Individual or Joint/Group Filing (Check Applicable Line)                                 |   |   |  |  |        |   |   |
| (Street)   | KE VA   | . 2    | 24011                        |   |   |   |        |                   |  |       |          |                      |  |   | X   |  | n filed by One<br>n filed by Mor<br>on |        | Ü |   |
| (City)   | (St   | ate) ( | Zip)                         |   |   |   |        |                   |  |       |          |                      |  |   |   |  |  |        |   |   |
|  |   | Tabl   | e I - N                      | on-Deriv  | ative   | Sec   | uritie | s Ac              | quired   | d, Di | sposed o | f, or                | Ben  | eficia  | ally (  | Owne   | ed                                     |        |   |   |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)   |   |        |                              | Execution Date,   |   | 3. Transaction Code (Instr. 8)  4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a |        | A) or<br>3, 4 and | and 5) Securi<br>Benefi  |       | ties Fo  |                      | wnership<br>m: Direct<br>or Indirect<br>nstr. 4)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4)   |   |  |  |        |   |   |
|  |   |        |                              |   |   |   |        |                   | Code V   |       | Amount   | (A) or<br>(D)        |  | Price   | - 1   | Transa   | action(s)<br>. 3 and 4)                |        |   | ( |
| Common Stock, par value \$0.01 per share 05/10/20  |   |        | 2019                         | 019   |   |   | P      |                   | 293,571.77 A \$  |       | \$15.    | 5.16 1,739,836.99(1) |  |   | D   |  |  |        |   |   |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |        |                              |   |   |   |        |                   |  |       |          |                      |  |   |   |  |  |        |   |   |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | ivative urity or Exercise Price of Derivative Security  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Execution Date, if any (Month/Day/Year) |        | 4.<br>Transa<br>Code (<br>8) | (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |   | Expiration Date<br>(Month/Day/Year)   |        |                   | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4)  Amoun<br>or<br>Number |       | nstr. 3  | nt                   |  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |        |   |   |
|  |   |        |                              |   | Code  | V   | (A)    | (D)               | Exercis  | sable | Date     | Title                |  | ares  |   |  |  |        |   |   |

## **Explanation of Responses:**

1. The number of shares includes shares acquired pursuant to the Runway Growth Credit Fund Inc. automatic dividend reinvestment plan ("DRIP"), exempt under Rule 16a-11.

## Remarks

Thomas B. Raterman is signing on behalf 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 Carilion Clinic on April 21, 2017.

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

05/14/2019

\*\* 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.