FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0104 | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

INITIAL STATEMENT OF 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

| 1. Name and Address of Reporting Person* Hebert Daniel B | | Sta | Date of Event Resternment (Month/l | _' | 3. Issuer Name and Ticker or Trading Symbol New Mountain Finance Corp [NMFC] | | | | | | |
|---|--|----------|---|--------------------|--|---|--|---|--|--|--|
| CORPORATIO | (First) UNTAIN FINAN IN NUE, 48TH FLO NY (State) | (Middle) | | | | ionship of Reporting Person(s all applicable) Director Officer (give title below) | 1) to Issuer 10% Owner Other (spec below) | 6. I App | onth/Day/Year) Individual or Joint/ Dicable Line) X Form filed by | te of Original Filed Group Filing (Check y One Reporting Person y More than One Reporting | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | t of Securities Ily Owned (Instr. 4) | | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | |
| I I I | | ate | 3. Title and Amount of Securities Underlyin Derivative Security (Instr. 4) | | Underlying | 4. Conversion or Exercise | e (D) or | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | | | Expiration Date | Title | | Amount or Number of Shares | Price of Derivative Security | Indirect (I) (Instr. 5) | | |

Explanation of Responses:

No securities are beneficially owned.

/s/ Daniel B. Hebert

10/03/2019

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).