SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] Kline John | | | | 2. Issuer Name and Ticker or Trading Symbol New Mountain Finance Corp [NMFC] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|---|---------|------------------|---------------------------------|---|----------------|---|------|--|---------------|------------|---|---|---|--|--|
| (Last) C/O NEW MOUN | (First) | (Middle) L.C. | | 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2019 | | | | | | | Officer (give title below) | Other (specify below) | | | |
| 787 7TH AVENUE, 48TH FLOOR | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Indiv | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) NEW YORK | NY | 10019 | | | | | | | | | Form filed by More | | ng Person | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| | | Table I - No | on-Deriv | ative S | Securities Acc | quired, | Disp | oosed of, o | r Benef | icially Ow | rned | | | | |
| Date | | | 2. Transac Date (Month/Da | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | (Instr. 4) | | |
| Common Stock | | | 09/09/2 | 2019 | | Р | | 7,500 | A | \$13.5181 | 125,922.052(1) | D | | | |
| Table II - Derivative Securities Acquired Disposed of or Repeticially Owned | | | | | | | | | | | | | | | |

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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | Code (In | ransaction Derivative ode (Instr. Securities | | Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | Securities Beneficially Owned Following Reported | Direct (D) | Beneficial Ownership (Instr. 4) | |
|--|---|--|---|----------|---|-----|-------------------------------------|---------------------|--|-------|---|--|------------|---------------------------------------|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | Transaction(s | | | |

Explanation of Responses:

1. Includes shares acquired under the New Mountain Finance Corporation dividend reinvestment plan since the filing of Mr. Kline's previous beneficial ownership report on Form 4 on December 19, 2018.

| /s/ John Kline | |
|----------------|--|
|----------------|--|

** Signature of Reporting Person

<u>09/11/2019</u> 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.

| OMB APPROVAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | |
| Estimated average burden | | | | | | |
| hours per response: 0.5 | | | | | | |