

(Print or Type Responses)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

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

| Statement (Month/Day/Year) | | LADSTONE INVESTMENT CORPORATION\DE [GAIN] | | | | | |
|---|--|--|--|--|--|--|--|
| 4. Relationship of Reporting Person(Issuer (Check all applicable) | | able) | 5. If Amendment, Date Original Filed(Month/Day/Year) | | | | |
| | X Officer (give title Other (specify below) Chief Financial Officer | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person _Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | |
| | ned Form: Dir | rect (Instr. 5) | of Indirect Beneficial Ownership | | | | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. 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 control number. Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | |
| | | cise Form of Derivative Securit | Ownership rm of orivative curity: Direct) or Indirect Ownership (Instr. 5) | | | | |
| Title Alliou | nt or Number of | (I) (Instr. : | | | | | |
| c la | Table I 2. Amount of Se Beneficially Ow (Instr. 4) of securities beneficially owned direct dot the collection of informatic lays a currently valid OMB confidence Securities Beneficially Owned (e.g. Date Exercisable and Expiration Date Month/Day/Year) Oute Expiration Title Amount Title Tit | Statement (Month/Day/Year) 12/13/2021 4. Relationship of Reporting Issuer (Check all applica Director Image: Chief Financial Omega Chief Financial Omeg | Statement (Month/Day/Year) 12/13/2021 4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X Officer (give title below) Chief Financial Officer 2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (I) (Instr. 5) of securities beneficially owned directly or indirectly. d to the collection of information contained in this form are not requirely as a currently valid OMB control number. Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible Security (Instr. 4) Date Exercisable Index (Instr. 4) Output Amount of Number of Security Security Output Amount of Securities Amount of Number of Security Security Output Amount of Number of Security Security Security Output Amount of Number of Security Output Amount of Number of Security Secu | | | | |

Reporting Owners

| | Relationships | | | |
|---|---------------|--------------|-------------------------|-------|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other |
| Easton Rachael Z. 1521 WESTBRANCH DRIVE SUITE 100 MCLEAN, VA 22102 | | | Chief Financial Officer | |

Signatures

| /s/ Michael LiCalsi, attorney-in-fact | 12/21/2021 |
|---------------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

No securities are beneficially owned

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.