FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
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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

Novere Pouls			2. Date of Event Re Statement (Month/I 10/11/2022		3. Issuer Name and Ticker or Trading Symbol  GLADSTONE INVESTMENT CORPORATION\DE [ GAIN ]							
(Last) 1521 WESTBR. SUITE 100 (Street) MCLEAN (City)	(First) ANCH DRIVE  VA  (State)	(Middle)  22102 (Zip)	10,11,2022			ionship of Reporting Person(s all applicable) Director Officer (give title below)	10% Owner Other (spec below)	ify	6. Individu Applicable X F	ual or Joint/ole Line) Form filed by	e of Original Filed  Group Filing (Check  One Reporting Person  More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						nt of Securities Illy Owned (Instr. 4)			Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						1,333	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable at Expiration Date (Month/Day/Year)			ate	3. Title and Amount of Securities Derivative Security (Instr. 4)		Conve or Exe		rcise (D) or		6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivati Security	ive (Ins	irect (I) str. 5)		

**Explanation of Responses:** 

/s/ Michael LiCalsi, attorney-in-

fact

10/18/2022

\*\* 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.

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

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).