FORM 3

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

Washington, D.C. 20549

OMB APPROVAL								
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## 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

Name and Address of Reporting Person*  Kajee Shiraz			ate of Event Requiring ement (Month/Day/Year) 01/2015  3. Issuer Name and Ticker or Trading Symbol New Mountain Finance Corp [ NMFC ]								
(Last) 452 5TH AVEN (Street) NEW YORK (City)	(First) NUE, 27TH FLO NY (State)	(Middle) OR  10018 (Zip)				ionship of Reporting Person(s all applicable) Director Officer (give title below) CFO & Treasu	10% Owner Other (spec below)	(Md	onth/Day/Year)  ndividual or Joint/ blicable 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											
·· ····· ·· · · · · · · · · · · · · ·					nt of Securities illy 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)											
1. Title of Derivative Security (Instr. 4)			Expiration D	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Derivative Security (Instr. 4)		4. Conversion or Exercise	cise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Price of Derivative Security	Indirect (I) (Instr. 5)		

**Explanation of Responses:** 

No securities are beneficially owned.

/s/ Shiraz Kajee

12/08/2015

\*\* 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).