## FORM 4

Check this box if no longer subject

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

U obligat	tions may conti ction 1(b).		pursuant to Section 16(a) of the Securities Exchange Act of 1934											hours per response: 0.5			0.5		
1. Name and Address of Reporting Person* <u>Warshauer Robert Herman</u>						or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol Portman Ridge Finance Corp [ PTMN ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O PORTMAN RIDGE FINANCE CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 08/26/2020								Officebelov				Other (specify below)		
650 MADISON AVENUE					4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) NEW YORK NY 10022														X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(St		Zip)																
			1 - 1	Non-Deriva				· ·	ired,		-	-		-					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				2A. Deeme Execution if any (Month/Day		on Date,	3. Transaction Code (Instr. 8)		4. Securities Acq Disposed Of (D) ( 5)				Beneficially Owned Following				7. Nature of Indirect Beneficial Ownership		
								Code	e V	Ar	mount	(A) or (D)	Price	Reported Transactior (Instr. 3 and		(Instr. 4)		(Instr.	4)
Common Stock 08/26/202			0		р		2	20,000	A	\$1.16	20,000		I		By WarshCapital LLC				
		Ta	ble	ll - Derivati (e.g., pu										-	d				
1. Title of Derivative Security (Instr. 3) 2. Conversio or Exercise Price of Derivative Security		n Date Ex e (Month/Day/Year) if		Deemed cution Date, 1y nth/Day/Year)	4. Transa Code 8)		5. Numb of Derivati Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5)	ve (M es d	Expiration (Month/Da		ate	Amo Secu Und Deri	tle and bunt of arities erlying vative arity (Instr. d 4) Amount	8. Price of Derivative Security (Instr. 5)	deriv Secu Bene Own Follo Repo	rities For ficially Dire ed or I wing (I) ( orted saction(s)		ership h: ct (D) direct hstr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
													or Number						

Explanation of Responses:

**Remarks:** 

/s/ Robert Herman Warshauer 08/27/2020

\*\* Signature of Reporting Person Date

of Shares

Title

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).

Code V

(A) (D)

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.

Date Exercisable

Expiration Date