FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

heck this box if no longer subject to
ection 16. Form 4 or Form 5
oligations may continue. See

(State)

1. Name and Address of Reporting Person* NSAM FV Holdings, LLC

(Zip)

(City)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0287 rage burden onse: 0.5

> > 7. Nature of Indirect Beneficial Ownership (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

By **NSAM** FV Holdings, LLC⁽²⁾

Section obligat	this box if no I n 16. Form 4 o ions may conti tion 1(b).		ST		ed purs	suant t	o Sectio	on 16(a) of the	e Secu	ENEFICI urities Exchar Company Act	nge Ac	t of 19		SH	IP 	Es		mber: d average bur er response:	3235-028 den 0
Colony	NorthSt				No		Star F				ng Symbol I <mark>pital Inc</mark> o	ome	Fun			all app	olicable) ctor er (give ti			Owner r (specify
(Last) 515 SOU 44TH FI	JTH FLOW	irst) /ER STREET	(Middle)		05	/31/2	017			<u> </u>	th/Day/Year)					belov			below	
(Street) LOS ANGELES CA 90071				- 4. I -	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applic Line) Form filed by One Reporting Person X Form filed by More than One Reportin Person				rson			
(City)	(S	-	(Zip)																	
4 7:41 54	0 (1		le I - N	lon-Deri		_			cquire	d, D	isposed (_	Owne			. Ownership	7. Nature
			Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and Amount (A) or Pr			4 and 5	d 5) Securi Benefi Owned Report Transa		ities icially d Following ted action(s)		form: Direct D) or Indirect) (Instr. 4)	Indirect Beneficia Ownersh (Instr. 4)		
Class A (Common Sl	nares		05/31/2	2017				P		177,383.5		A	\$9.0		<u> </u>	3 and 4)	(1)	I	By NSAM FV Holding LLC ⁽²⁾
		Ta	able II								posed of, convertil				y Ov	vned				LLC
1. Title of Derivative Security (Instr. 3) 2. Convers or Exerc Price of Derivatiin Security		rcise (Month/Day/Year) of tive				action (Instr.	5. Number of		6. Date Exer Expiration D (Month/Day/		Date	Amo Seci Und Deri Seci	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Pri Deriv Secu (Instr	ative rity	9. Numb derivativ Securitie Benefici Owned Followin Reported Transact (Instr. 4)	/e es ally ng d tion(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Ownersi (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	or Nu of	nount mber ares						
1	nd Address o NorthSt	f Reporting Person [*] ar, <u>Inc.</u>	ŧ																	
(Last) 515 SOU 44TH FI		(First) VER STREET	A)	⁄liddle)		_														
(Street) LOS AN	GELES	CA	90	0071																
(City)		(State)	(Z	Zip)																
1		f Reporting Person* Operating Co		<u>y, LLC</u>																
(Last) 515 S. F. 44TH FI	LOWER S'	(First) ΓREET	(N	⁄liddle)																
(Street)	GELES	CA	90	0071		-														

(Last) 515 S. FLOWER S 44TH FLOOR	(First) STREET	(Middle)					
(Street) LOS ANGELES	CA	90071					
(City)	(State)	(Zip)					

Explanation of Responses:

- 1. Colony NorthStar, Inc. ("CLNS") disclaims beneficial ownership of these securities, except to the extent of its pecuniary interest therein.
- 2. NSAM FV Holdings, LLC is a wholly-owned subsidiary of Colony Capital Operating Company, LLC ("CCOC"), which is a majority-owned subsidiary of CLNS.

/s/ David A. Palame, Chief
Compliance Officer of Colony
NorthStar, Inc., in its own
capacity and as managing
member of Colony Capital
Operating Company, LLC, in
its own capacity and as
managing member of NSAM
FV Holdings, LLC

Date

** Signature of Reporting Person

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.