

# Form 13F Filer Information

0001679688 XXXXXXXXX File Number 09-30-2023  
Filer CIK Filer CCC Period

Is this a LIVE or TEST Filing?

Radio button checked LIVE  Radio button not checked TEST

Would you like a return copy?

Checkbox not checked YES

Is this an electronic copy of an official filing submitted in paper format?

Checkbox not checked YES

## Submission Contact Information

Name

Phone

Email Address

## Notification Information

Notify via Filing website only?  Checkbox not checked YES

Notification will automatically be sent to the Login CIK, Submission Contact, and Primary Issuers. Specify additional addresses below.

## Notification Email Addresses:

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**United States  
Securities and Exchange  
Commission  
Washington, D.C. 20549**

OMB APPROVAL
OMB Number: 3235-0006
Estimated Average burden hours per response.....23.8

# Form 13F

## Form 13F Cover Page

Report for the Calendar Year or Quarter Ended: 09-30-2023

Check here if Amendment:  Checkbox checked Amendment Number: 01

This Amendment (Check only one.):  Checkbox checked is a restatement.

Checkbox not checked adds new holdings entries.

## Institutional Investment Manager Filing this Report:

Name: DigitalBridge Group, Inc.  
750 Park of Commerce Drive  
Suite 210

Address: Boca Raton FL 33487

Form 13F File Number: 028-19781

CRD Number (if applicable):

SEC File Number (if applicable):

The institutional investment manager filing this report and the person by whom it is signed hereby represent that the person signing the report is authorized to submit it, that all information contained herein is true, correct and complete, and that it is understood that all required items, statements, schedules, lists, and tables, are considered integral parts of this form.

## Person Signing this Report on Behalf of Reporting Manager:

Name: Kristen Whealon  
Title: Chief Compliance Officer  
Phone: 720-897-4863

## Signature, Place, and Date of Signing:

Do you wish to provide information pursuant to Special Instruction 5?  Radio button not checked Yes  Radio button checked No

### Additional Information

#### Report Type (Check only one.):

Checkbox checked 13F HOLDINGS REPORT. (Check here if all holdings of this reporting manager are reported in this report.)

Checkbox not checked 13F NOTICE. (Check here if no holdings reported are in this report, and all holdings are reported by other reporting manager(s).)

Checkbox not checked 13F COMBINATION REPORT. (Check here if a portion of the holdings for this reporting manager are reported in this report and a portion are reported by other reporting manager(s).)

## Form 13F Summary Page

### Report Summary:

Number of Other Included Managers: 4  
Form 13F Information table Entry Total: 141  
Form 13F Information table Value Total: 856458501

(round to nearest dollar)

### List of Other Included Managers:

Provide a numbered list of the name(s) and Form 13F number(s) of all institutional investment managers with respect to which this report is filed, other than the manager filing this report.

No.	Name	Form 13F File No.	CRD No. (if applicable)	SEC File No. (if applicable)	CIK
1	DCL Adviser, LLC	028-20948			0001846313
2	DC Liquid Strategies Adviser, LLC	028-21231			0001861561
3	COLONY CAPITAL INVESTMENT ADVISORS, LLC	028-21230	000175506	801-96214	0001862308
4	DigitalBridge Liquid Accounts Adviser, LLC	028-22035			0001910907

[Repeat as necessary.]

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Filer CIK Filer CCC File Number Period

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LIVE TEST

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Name

Phone

Email Address

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## Notification Email Addresses:

**United States  
Securities and Exchange  
Commission  
Washington, D.C. 20549**

OMB APPROVAL	
OMB Number:	3235-0006
Estimated Average burden hours per response.....	23.8

# Form 13F

## Form 13F Cover Page

Report for the Calendar Year or Quarter Ended:

Check here if Amendment: Amendment Number:

This Amendment (Check only one.): Checkbox not checked is a restatement.  
Checkbox not checked adds new holdings entries.

## Institutional Investment Manager Filing this Report:

Name:

Address:

Form 13F File Number:

CRD Number (if applicable):

SEC File Number (if applicable):

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## Person Signing this Report on Behalf of Reporting Manager:

Name:

Title:

Phone:

## Signature, Place, and Date of Signing:

[Signature] ,


[City, State]

[Date]


Do you wish to provide information pursuant to Special Instruction 5? Radio button not checked Yes Radio button not checked No

## Additional Information

### Report Type (Check only one.):

 Checkbox not checked 13F HOLDINGS REPORT. (Check here if all holdings of this reporting manager are reported in this report.)

 Checkbox not checked 13F NOTICE. (Check here if no holdings reported are in this report, and all holdings are reported by other reporting manager(s).)

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