(Last)

(Street)

(First)

515 SOUTH FLOWER STREET, 44TH FLOOR

C/O COLONY NORTHSTAR, INC,

(Middle)

FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

OMB Number: 3235-0104
Estimated average burden
hours per response: 0.5

			5	ECURITIES				hours pe	er response:	0.5
				6(a) of the Securities Exchange A he Investment Company Act of 1						
1. Name and Address of Reporting Person*  Colony NorthStar, Inc.  2. Date of Event Requiring Statem (Month/Day/Year) 01/10/2017		3. Issuer Name and Ticker or Trading Symbol  Plant North Star Corporate Income Fund T [ NONE ]								
(Last) (First) (Middle) 515 SOUTH FLOWER ST 44TH FLOOR			(	Relationship of Reporting Pers (Check all applicable)     Director				5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) LOS ANGELES  (City) (State) (Zip)				Officer (give title below)	Other (spe below)	city		able Line) Form filed b	t/Group Filing (Ch by One Reporting by More than One Person	Person
	T.	able I - Non	-Derivati	ve Securities Beneficial	ly Owned					
1. Title of Security (Instr. 4)				Amount of Securities eneficially Owned (Instr. 4)	3. Ownersh Form: Direct or Indirect (Instr. 5)	ct (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Shares				5,500.55	I		By NS	AM FV Ho	oldings, LLC <sup>(1)(</sup>	(2)
	(e.c			Securities Beneficially		s)				
Title of Derivative Security (Instr. 4)		2. Date Exercisable at Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi	ties 4.		rsion (	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownershi (Instr. 5)	
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Deriva Securi	tive	or Indirect (I) (Instr. 5)		
1. Name and Address of Reporting Person* <u>Colony NorthStar, Inc.</u>										
(Last) (First) 515 SOUTH FLOWER ST 44TH FLOOR	(Middle)									
(Street) LOS ANGELES CA	90071									
(City) (State)	(Zip)									
1. Name and Address of Reporting Person* <u>Colony Capital Operating Comp.</u>	any, LL	<u>.C</u>								
(Last) (First) 515 SOUTH FLOWER ST 44TH FLOOR	(Middle)									
(Street) LOS ANGELES CA	90071									
(City) (State)	(Zip)									
1. Name and Address of Reporting Person*  NSAM FV Holdings, LLC										

LOS ANGELES	CA	90071		
(City)	(State)	(Zip)		

## **Explanation of Responses:**

- 1. This Form 3 reflects the beneficial ownership of common shares of NorthStar Corporate Income Fund-T following the combination transactions among Colony NorthStar, Inc. ("CLNS"), Colony Capital, Inc., NorthStar Asset Management Group Inc. ("NSAM") and NorthStar Realty Finance Corp. that occurred on January 10, 2017. CLNS disclaims beneficial ownership of these securities, except to the extent of its pecuniary interest therein.
- 2. Prior to the combination transactions, the shares were owned by NSAM FV Holdings, LLC, as an indirect wholly owned subsidiary of NSAM LP, which was a majority owned subsidiary of NSAM. In the combination transactions, NSAM LP merged with and into Colony Capital Operating Company, LLC, which is a majority owned subsidiary of CLNS.

Colony NorthStar, Inc. <br/>
By: /s/ David A. Palame, CCO
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 5 (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.