(City)

(State)

1. Name and Address of Reporting Person*

(Zip)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

By Colony NorthStar

FV Holdings, LLC

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

Instruc	tion 1(b).			File							urities Excha Company Ac			934			Indus	peri	Соронос.	
1. Name and Address of Reporting Person* Colony NorthStar, Inc.				N	2. Issuer Name and Ticker or Trading Symbol NorthStar Real Estate Capital Income Fund XNAFX								5. Relationship of Reporting Person (Check all applicable) Director X Officer (give title			X 10% C	10% Owner			
(Last) (First) (Middle) 515 SOUTH FLOWER ST 44TH FLOOR					3. Date of Earliest Transaction (Month/Day/Year) 09/22/2017									belov			below	(specify		
(Street) LOS ANGELES CA 90071			_ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person							
(City)	(S	(State) (Zip)																		
		Tab	le I - N	Non-Deri	vativ	e Se	curit	ies A	cquire	ed, D	isposed	of, c	or Bei	nefici	ally	Owne	ed			
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y				Execution		Date,	3. Transa Code (8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				5)	5. Amou Securiti Benefic Owned Reporte	ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature Indirect Beneficia Ownershi (Instr. 4)		
									Code	v	Amount		(A) or (D)) or) Price		Transaction(s) (Instr. 3 and 4)				(111301. 4)
Class A Common Shares			09/22/2	017	17		P		182,025.028		A	\$8.7	79	2,042,559.305		I		By Colony NorthS FV Holding LLC		
		Ta	able II								posed of					wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any		4. Trans	4. Transaction Code (Instr.		5. Number		te Exe	rcisable and	7. An Se Un De Se	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivativ Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Natu of Indire Benefici Ownersi (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	ı Tit	or Nu of	umber						
	nd Address of NorthSta	Reporting Person*																		
(Last) 515 SOU 44TH FI	JTH FLOW LOOR	(First) ZER ST	(N	Middle)																
(Street)	GELES	CA	9	0071																
(City)		(State)	(2	Zip)																
		Reporting Person* Operating Co		<u>y, LLC</u>																
(Last) 515 SOU 44TH FI	JTH FLOW LOOR	(First) /ER ST	()	Middle)																
(Street)	GELES	CA	9	0071		_														

Colony NorthStar FV Holdings, LLC							
(Last)	(First)	(Middle)					
C/O COLONY NORTHSTAR, INC,							
515 SOUTH FLOWER STREET, 44TH FLOOR							
,							
(Street)							
LOS ANGELES	CA	90071					
,							
(City)	(State)	(Zip)					

Explanation of Responses:

/s/ David A. Palame, Chief **Compliance Officer of Colony** NorthStar, Inc., in its own capacity and as managing member of Colony Capital

09/26/2017

Operating Company, LLC, in its own capacity and as managing member of Colony NorthStar FV Holdings, LLC

** 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.