SEC Form 4	
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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).
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average b	ourden						
hours por response:	0.5						

1. Name and Address of Reporting Person [*] Colony NorthStar, Inc.				N	2. Issuer Name and Ticker or Trading Symbol <u>NorthStar Real Estate Capital Income Fund</u> [XNAFX]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) 515 SOUTH FLOWER ST 44TH FLOOR						3. Date of Earliest Transaction (Month/Day/Year) 08/24/2017										below			below	
(Street) LOS ANGELES CA 90071				– 4. ľ –	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		(Zip)																	
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yo)			tion	n 2A. Deemed Execution Date,		3. Transa Code (l 8)	ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar				5) 5 F	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Class A C	Common Sł	nares		08/24/2	2017				P	V	Amount 179,977.50	T	A	Price	· (1	(Instr. 3 and 4)			I	By NSAM FV Holdings, LLC
		Ta	able II								oosed of, o					ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if anv	eemed tion Date, h/Day/Year)	4. Transa Code 8)		5. Nu of Deriv Secu Acqu (A) or Dispo of (D) (Instr and 5	ative rities ired osed		ation D		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price Derivati Security (Instr. 5)		ative derivative rity Securities		vnership rm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	or	ount nber tres						
	nd Address of NorthSta	[*] Reporting Person [*] ar, <u>Inc.</u>																		
(Last) 515 SOU 44TH FL	TH FLOW .OOR	(First) /ER ST	1)	/liddle)																
(Street) LOS AN	GELES	CA	9	0071																
(City) (State) (Zip)																				
		Reporting Person [*] Operating Con	<u>mpan</u>	<u>y, LLC</u>																
(Last) 515 SOU 44TH FL	TH FLOW	(First) /ER ST	()	Aiddle)																
(Street) LOS AN	GELES	СА	9	0071																

1. Name and Address of Reporting Person* <u>NSAM FV Holdings, LLC</u>

(State)

(Zip)

(City)

(Last)	(First)	(Middle)								
C/O COLONY NORTHSTAR, INC,										
515 SOUTH FLOWER STREET, 44TH FLOOR										
· · · · · · · · · · · · · · · · · · ·										
(Street)										
LOS ANGELES	CA	90071								
(City)	(State)	(Zip)								
1										

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

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.