

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL	
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

1. Name and Address of Reporting Person* <u>Alaris Master Fund LP</u> <hr/> (Last) (First) (Middle) 4900 MAIN STREET, SUITE 600 <hr/> (Street) KANSAS MO 64112 CITY <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/27/2020	3. Issuer Name and Ticker or Trading Symbol <u>Palmer Square Capital BDC Inc.</u> [NONE]	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year) 01/27/2020
		6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	625,000	D ⁽¹⁾	

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person* <u>Alaris Master Fund LP</u> <hr/> (Last) (First) (Middle) 4900 MAIN STREET, SUITE 600 <hr/> (Street) KANSAS CITY MO 64112 <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Alaris Capital, LLC</u> <hr/> (Last) (First) (Middle) 4900 MAIN STREET, SUITE 600 <hr/> (Street)
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KANSAS CITY MO	64112
(City)	(State) (Zip)

Explanation of Responses:

1. This Form 3 amendment is being filed to add an additional Reporting Person. These shares are owned directly by Alaris Master Fund LP. Alaris Capital, LLC is the general partner of the partnership that owns the reported securities. Alaris Capital, LLC may be deemed an indirect beneficial owner of the reported securities and was omitted from the initial Form 3 filing.

/s/ Michael J. Koeppen,
Chief Financial Officer, on
behalf of Alaris Master 03/18/2020
Fund LP and Alaris
Capital, LLC

** Signature of Reporting Date
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.