SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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 A <u>Chicago A</u> <u>Portfolio</u> ,	0	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 10/01/2024 3. Issuer Name and Ticker or Trading Symbol <u>Chicago Atlantic BDC, Inc.</u> [LIEN]								
(Last)	(First) BASH AVEN	(Middle) IUE, 60611 (Zip)			4. Relationship of Reportin Issuer (Check all applicable) Director Officer (give title below)	v 10% (Owner (specify	File 6. li	d (Month/Day/ ndividual or Jo eck Applicable Form filed Person	int/Group Filing Line) by One Reporting by More than One	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	Form: (D) or			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock					15,849,187		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative S (Instr. 4)		urity Convers or Exerc		ise Form:	6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiratior Date	Title	Amount or Number of Shares	Price o Derivat Securit	ive	Direct (D) or Indirect (I) (Instr. 5)	5)	

Explanation of Responses:

/s/ John Mazarakis Title: Authorized Person

10/11/2024

** Signature of Reporting Person

Date

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.