

| 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>Silver Spike Capital, LLC</u> <hr/> (Last) (First) (Middle) 660 MADISON AVENUE SUITE 1600 <hr/> (Street) NEW YORK NY 10065 <hr/> (City) (State) (Zip) | 2. Date of Event Requiring Statement (Month/Day/Year) 02/03/2022 | 3. Issuer Name and Ticker or Trading Symbol <u>Silver Spike Investment Corp. [SSIC]</u> | |
| | | 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) 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 | 386 | I | See footnotes ⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾ |

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*
Silver Spike Capital, LLC

 (Last) (First) (Middle)
 660 MADISON AVENUE
 SUITE 1600

 (Street)
 NEW YORK NY 10065

 (City) (State) (Zip)

1. Name and Address of Reporting Person*
Silver Spike Holdings, LP

 (Last) (First) (Middle)
 660 MADISON AVENUE, SUITE 1600

 (Street)
 NEW YORK NY 10065

 (City) (State) (Zip)

1. Name and Address of Reporting Person*

Silver Spike Holdings GP, LLC

(Last) (First) (Middle)

660 MADISON AVENUE
SUITE 1600

(Street)

NEW YORK NY 10065

(City)

(State)

(Zip)

Explanation of Responses:

1. Represents the shares of Common Stock held directly by Silver Spike Capital, LLC.
2. Silver Spike Capital, LLC is wholly-owned by Silver Spike Holdings, LP. Silver Spike Holdings GP, LLC is the general partner of Silver Spike Holdings, LP.
3. Information with respect to each of the Reporting Persons is given solely by such Reporting Person, and no Reporting Person has responsibility for the accuracy or completeness of information supplied by another Reporting Person.
4. Each of the Reporting Persons (other than Silver Spike Capital, LLC to the extent that it directly holds shares of Common Stock) disclaims beneficial ownership of the shares of Common Stock reported herein except to the extent of its pecuniary interest therein, and this report shall not be deemed an admission that such Reporting Person is the beneficial owner of such securities for purposes of Section 16 of the Securities Exchange Act of 1934, as amended, or for any other purpose.

Silver Spike Capital, LLC,

By: /s/ Gregory Gentile, 02/03/2022

Name: Gregory Gentile,

Title: Manager

Silver Spike Holdings, LP,

By: Silver Spike Holdings
GP, LLC, its General 02/03/2022

Partner, By: /s/ Gregory

Gentile, Name: Gregory

Gentile, Title: Manager

Silver Spike Holdings GP,

LLC, By: /s/ Gregory 02/03/2022

Gentile, Name: Gregory

Gentile, Title: Manager

** 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.