FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGE

| 3 , | OMB APP | ∥ OMB APPROVAL | | | |
|---------------------------|-------------|----------------|--|--|--|
| S IN BENEFICIAL OWNERSHIP | OMB Number: | 3235-028 | | | |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWN |
|---|--|
| Instruction 1(b). | 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 Number: | Number: 3235-0287 | | | | | | |
|--------------------------|-------------------|--|--|--|--|--|--|
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

| Name and Address of Reporting Person* Doddy Hurley | | | | | | 2. Issuer Name and Ticker or Trading Symbol TPG Specialty Lending, Inc. [TSLX] | | | | | | | | | Check a | all app | licable) tor | ng Person | Person(s) to Issuer 10% Owner | |
|---|--|----------|-----------|---|--------|--|---|--------------------------------------|------------------|---|---|---------|---|---------------------------|---|--|---|--|---|------------|
| (Last) (First) (Middle) C/O TPG SPECIALTY LENDING, INC. | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2019 | | | | | | | | | | Office | Officer (give title elow) | | Other (specify below) | |
| 301 COMMERCE ST., SUITE 3300 | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) FORT W | ORTH T | x | 76102 | | _ | | | | | | | | | X | , | | | | | |
| (City) | (5 | itate) (| (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deri\ | /ative | Se | curitie | s Ac | quired, | Dis | posed o | f, or | r Ben | efici | ally O | wne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secu Bene Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | , lı | Reported Transaction(s) (Instr. 3 and 4) | | | | (111501.4) |
| Common Stock | | | | 08/15/2019 | | | | P | | 2,500 | | A | \$20 | \$20.25 | | 7,500 | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | vative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any | | | Transaction Code (Instr. B) Se Ac (A) Dis | | osed) :. 3, 4 | 6. Date Exerci Expiration Dat (Month/Day/Ye | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | estr. 3 | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Own Form Direc or In (I) (Ir | | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | ount mber ares | | | | | | |

Explanation of Responses:

Remarks:

(1) Kenneth Burke is signing on behalf of Hurley Doddy pursuant to the authorization and designation letter dated February 5, 2019, which was previously filed with the Securities and Exchange Commission.

/s/ Kenneth Burke, on behalf of 08/19/2019 Hurley Doddy (1)

** 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 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.