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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response: 0.5

> √ 10% Owner Other (specify below)

Filing (Check Applicable Reporting Person

7. Nature of Indirect Beneficial

Ownership (Instr. 4)

11. Nature of Indirect Beneficial

Ownership (Instr. 4)

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | ee Instruction 1 | | | | | | | | | | | | | | | | | | |
|---|---------------------------------------|---------------------------------|----------|-------------------------|--|--|---|-----|---|--------|-----------------------|-----------------------------|---------------------------------------|---|-------------------------------|--|----------------|----------------------------------|-------------------------|
| 1. Name and Address of Reporting Person* <u>Eagle Point Credit Management LLC</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol OFS Credit Company, Inc. [OCCI] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| | | | | | Or 5 Credit Company, IIIC. [OCCI] | | | | | | | | Director 10% Ow | | | | | Owner | |
| (Last) (First) (Middle) 600 STEAMBOAT ROAD, SUITE 202 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | Office belov | er (give title v) | | Other below) | |
| | | | | | 09/25/2024 | | | | | | | | | | | | | | |
| | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indi | vidual o | r Joint/Grou | p Filin | g (Check | Applica | |
| (Street) | | | | | | | | | | | | | | Line) Form filed by One Reporting Person | | | | | |
| GREENWICH CT 06830 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired | I, Dis | posed of | f, or E | 3enefi | icially | / Own | ed | | | |
| 1. Title of | Security (Ins | | | 2. Transa | | 2A. | Deeme | d | 3. | | 4. Securiti | es Acq | uired (A |) or | 5. Amo | unt of | 6. Ov | nership | 7. Na |
| Date (Month/Da | | | | | ay/Year) | if an | Execution Date, if any (Month/Day/Year) | | Code (Instr. 5 | | | | | | Securit Benefic | | (D) o | : Direct | of Ind Benef Owne |
| | | | | | | (IVIOI | | | | | Amount (A) or D | | Report Transa | | | (1) (111 | (I) (Instr. 4) | | |
| | | | | | | | | | Code | · v | Amount | (D) | | ice | | 3 and 4) | | | |
| | | Tai | ble II - | | | | | | | | osed of, convertib | | | | Owne | d | | | |
| 1. Title of | 2. | 3. Transaction | 3A. Dec | | 4. | | ion of | | 6. Date Exercisable and Expiration Date | | | 7. Title and | | | Price of | 9. Number o | | 10. | 11. |
| Derivative Security (Instr. 3) | Conversion or Exercise Price of | Date (Month/Day/Year) | if any | ion Date, /Day/Year) | Code (| | | | | h/Day/ | | Secu | Amount of Securities Underlying | | rivative curity str. 5) | derivative Securities Beneficially | | Ownership Form: Direct (D) | o of I Bei Ow |
| (111301.0) | Derivative Security | | (Month | (| | | Acquired (A) or | | | | | Derivative Security (Ins | | ' ' | | Owned Following | · | or Indirect (I) (Instr. 4 | t (Ins |
| | ' | | | | | Disposed of (D) | | | | | 3 and 4) | | | | Reported Transaction(s) | - 1 | | | |
| | | | | | | | (Instr. 3, 4 and 5) | | | | | | | | | (Instr. 4) | | | |
| | | | | | | | | | | | | | Amoui | nt | | | | | |
| | | | | | | | | | Date | | Expiration | | Numbe of | | | | | | |
| | | | <u> </u> | | Code | V | (A) | (D) | Exerc | sable | Date | Title | Shares | 5 | | | | | |
| 1 | | Reporting Person* dit Manageme | ont I I | C | | | | | | | | | | | | | | | |
| Eagle I | Some Cree | <u>uit ivianageme</u> | ZIIL LA | <u></u> | | _ | | | | | | | | | | | | | |
| (Last) (First) (Middl | | | ddle) | | | | | | | | | | | | | | | | |
| 600 STE | EAMBOAT | ROAD, SUITE | 202 | | | | | | | | | | | | | | | | |
| | | | | | | - | | | | | | | | | | | | | |
| (Street) GREENWICH CT 06830 | | | | | | | | | | | | | | | | | | | |
| - Ottober C1 00050 | | | | | _ | | | | | | | | | | | | | | |
| (City) | | (State) | (Zip |)) | | | | | | | | | | | | | | | |
| 1. Name a | nd Address of | Reporting Person* | | | | 7 | | | | | | | | | | | | | |
| Eagle I | Point DIF | GP I LLC | | | | | | | | | | | | | | | | | |
| (Last) | | (First) | (Mi | ddle) | | - | | | | | | | | | | | | | |
| (Last) | | ROAD, SUITE | | uule) | | | | | | | | | | | | | | | |
| | | | | | | _ | | | | | | | | | | | | | |
| (Street) | | | | | | | | | | | | | | | | | | | |
| GREEN | WICH | CT | 068 | 830 | | | | | | | | | | | | | | | |
| (City) | | (State) | (Zip |)) | | | | | | | | | | | | | | | |

Explanation of Responses:

/s/ Kenneth P. Onorio, Chief Financial Officer of Eagle Point Credit Management **LLC**

09/30/2024

/s/ Kenneth P. Onorio, Chief

09/30/2024

<u>Financial Officer of Eagle</u> <u>Point DIF GP I LLC</u>

** 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.