SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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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 Add Smith Jenni	2. Date of Event R Statement (Month 11/06/2024		3. Issuer Name and Ticker or Trading Symbol <u>Gladstone Alternative Income Fund</u> [GAIAX]							
(Last) 1521 WESTB SUITE 100	(First) RANCH DRIVE	(Middle)				ionship of Reporting Person(s all applicable) Director Officer (give title below)	10% Owner Other (speci below)	(M fy 6.	If Amendment, Date onth/Day/Year) Individual or Joint/O plicable Line)	e of Original Filed Group Filing (Check
(Street) MCLEAN (City)	VA (State)	22102 (Zip)				Chief Valuation (Officer		,	One Reporting Person More than One Reporting
Table I - Non-Derivative Securities Beneficially Owned										
					nt of Securities Illy Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			Date	Derivative Security (Instr. 4) Conve or Exe		4. Conversion or Exercise Price of		6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

/s/ Michael LiCalsi

** Signature of Reporting Person

Amount

Number of Shares

or

Security

Derivative

11/06/2024

Date

(Instr. 5)

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.

Expiration Date

Title

Date Exercisable