SEC Form 3

## FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## **INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person <sup>®</sup> BRUBAKER TERRY LEE			2. Date of Event Re Statement (Month/E 11/06/2024		3. Issuer Name and Ticker or Trading Symbol <u>Gladstone Alternative Income Fund</u> [ GAIAX ]					
(Last) 1521 WESTB	t) (First) (Middle) 1 WESTBRANCH DRIVE				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title X Other (specify below) Portfolio Manager			5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 100							. 0.	6. Individual or Joint/Group Filing (Check Applicable Line)		
(Street) MCLEAN VA 22102					Tortono Wanager			X Form filed by One Reporting Person Form filed by More than One Reporting		
	VA	22102						Person		
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)4. Nation 5)		ature of Indirect Beneficial Ownership (Instr.			
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 Derivative Security (Instr. 4)	Underlying	4. Conversion or Exercise Price of	ise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Derivative Security	(Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

## /s/ Michael LiCalsi

\*\* Signature of Reporting Person

11/06/2024

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.

OMB APPROVAL