FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## 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*  Perlowitz Jeffrey A.	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 11/04/2020  3. Issuer Name and Ticker or Trading Symbol CION Ares Diversified Credit Fund [ CADXX ]						
(Last) (First) (Middle) C/O CION ARES DIVERSIFIED CREDIT FUND			4. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)		
2000 AVENUE OF THE STARS, 12TH FLOOR			Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person		
(Street) LOS ANGELES CA 90067	_					Form filed Reporting	by More than One Person	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)			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 an Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Conve		4. Conversi or Exerci Price of	cise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivativ Security	e or Indirect	3,	

**Explanation of Responses:** 

No securities are beneficially owned.

/s/Jeffrey A. Perlowitz

11/16/2020

\*\* Signature of Reporting

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.