FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

7								
	OMB APPROVAL							
	OMB Number:	3235- 0104						
	Estimated average b	stimated average burden						
	hours per response:	0.5						

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 A	Address of Repo	orting Person*	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 08/11/2021 3. Issuer Name and Ticker or Trading Symbol CION Investment Corp [NONE]								
(Last) (First) (Middle) C/O CION INVESTMENT CORP				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)					
3 PARK AVENUE, 36TH FLOOR (Street)				Officer (give title below)		(specify (C		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
NEW YORK	NY	10016								by More than One Person		
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				E	2. Amount of Securities Beneficially Owned (Instr. 1)	3. Owner Form: I (D) or II (I) (Inst	Direct ndirect	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secu Underlying Derivative Secu (Instr. 4)		curity Conver or Exer		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
ı		L	<u> </u>				Price of	, ,		E\		

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ Edward J. Estrada</u> <u>08/19/2021</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 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.