FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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

Name and Address of Reporting Person* Morgan Lisa A	2. Date of E Requiring Si (Month/Day/ 05/11/202	tatement /Year)	3. Issuer Name and Ticker or Trading Symbol CION Ares Diversified Credit Fund [CADCX]				
(Last) (First) (Middle) 2000 AVENUE OF THE STARS, 12TH FLOOR (Street) LOS ANGELES CA 90067			4. Relationship of Reporting Issuer (Check all applicable) Director X Officer (give title below)	Person(s) to 10% Owner Other (specify below)		5. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person	
(City) (State) (Zip)	able I - Non-	-Derivativ	ve Securities Benefi	cially O	wned		
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. I)	3. Ownership 4		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 and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative So (Instr. 4)		4. Conversi or Exerci Price of	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.
				Amount	Price of Derivativ	Direct (D) e or Indirect	5)

Explanation of Responses:

No securities are beneficially owned.

/s/ Lisa A. Morgan

05/11/2021

** 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.