FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* SCHWARTZ VERNON B | | | | 2. Issuer Name and Ticker or Trading Symbol Colony Credit Real Estate, Inc. [CLNC] | | | | | | | | (Cr | eck all ap | nip of Reportin oplicable) ector | ng Person(s) to | ssuer Owner | | |
|--|---|--|---|--|-------|---|--------|-------|------------------|--|--------------------|---|---|---|---|---|---|--|
| C/O COLONY CREDIT REAL ESTATE, INC., | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/03/2019 | | | | | | | | | Offi belo | cer (give title ow) | Other below | (specify) | | |
| 515 SOUTH FLOWER STREET, 44TH FLOOR | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) LOS ANGELES CA 90071 | | | | | | | | | | | | | | For | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (St | ate) (2 | Zip) | | | | | | | | | | | | | | | |
| | | Tabl | e I - Non | -Deriva | ative | Sec | uritie | s Acc | quired, | Dis | posed o | f, or | Bene | ficial | ly Own | ed | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securit Disposed 5) | | | | | | Secu Bene | ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount (A) o | | (A) or (D) | Price | Trans | action(s) . 3 and 4) | | (Instr. 4) | |
| Class A Common Stock 05/03/2 | | | | /2019 | | A ⁽¹⁾ | | 6,382 | | A | \$0.0 |) | 18,813 | D | | | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | ed 4. Date, Tran Code | | ansaction ode (Instr. | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | s. Price of Derivative Security Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Num of | | | | | |

Explanation of Responses:

1. The shares of Issuer's Class A common stock represent annual equity consideration in accordance with the Issuer's non-executive director compensation policy and will vest on May 3, 2020.

Remarks:

/s/ David A. Palame, Attorneyin-Fact 05/06/2019

** 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 4 (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.