| SEC For | m 4 FORM / | 4 11 | NITE |) STAT | ES S | SECI | URITIE | S AN | DF | ХСНАМ | IGE C | OM | MISSIO | N | | | |
|--|---------------|-------------|---------|--|---|---|-------------------------|---|---------|--|---------------------|---|---|--------------------------|------------------|--------------------------------------|---|
| | | | | | | ES SECURITIES AND EXCHANGE CON Washington, D.C. 20549 | | | | | | | | | OMB APPROVAL | | VAL |
| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). | | | | | pursuar | nt to Se | ection 16(a) | of the S | ecuriti | NEFICIA es Exchange npany Act of | | RSHIP | Estim | Estimated average burden | | 3235-0287 en 0.5 | |
| 1. Name and Address of Reporting Person [*] Mazzei Michael | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>Colony Credit Real Estate, Inc.</u> [CLNC] | | | | | | | | Relationship heck all app X Direc X Office | licable) | U | rson(s) to Is 10% Ov Other (s | wner |
| (Last)(First)(Middle)C/O COLONY CREDIT REAL ESTATE, INC.515 S. FLOWER STREET, 44TH FLOOR | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2021 | | | | | | | | X below) below) CEO and President | | | | |
| (Street) LOS CA 90071 | | | | | 4. 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) | (St | , (| Zip) | | | | | | | | | | | | | | |
| | | Table | I - Nor | n-Deriva | tive S | ecuri | ities Acq | uired, | Dis | posed of, | , or Ber | nefici | ally Own | ed | | | |
| Da | | | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (<i>J</i> Disposed Of (D) (Instr. 3 5) | | | | | Form (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code V | | Amount | (A) or (D) | (A) or (D) Price | | ction(s) 3 and 4) | | | (1150.4) |
| Class A Common Stock 04/02/ | | | | 2021 | | | F ⁽¹⁾ | | 70,027 | D | \$ <mark>8</mark> . | .6 42 | 2,973 | | D | | |
| | | Ta | | | | | | , | | osed of, o onvertibl | | | | d | | | |
| 1. Title of | | | med | 4. Transac | | | 6. Date Exercisable and | | | | | 8. Price of | 9. Number | | 10. Ownershin | 11. Nature | |

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deriv | vative rities lired r osed) r. 3, 4 | 6. Date Exerc Expiration Da (Month/Day/Y | ite | 7. Titl Amou Secur Under Deriv Secur 3 and | int of rities rlying ative rity (Instr. | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|-------------|--|--|--------------------|--|---|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. The shares were withheld by the Issuer in satisfaction of withholding taxes incurred in connection with the vesting of certain shares of Class A common stock acquired through a prior grant. **Remarks:**

| /s/ David A. Palame, | |
|----------------------|--|
| Attorney-in-Fact | |

** Signature of Reporting Person Date

04/06/2021

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.