

Report of Organizational Actions Affecting Basis of Securities

▶ See separate instructions.

Part I Reporting Issuer

1 Issuer's name			2 Issuer's employer identification number (EIN)		
OAKTREE STRATEGIC INCOME CORPORATION			61-1713295		
3 Name of contact for additional information		4 Telephone No. of contact	5 Email address of contact		
OAKTREE STRATEGIC INCOME CORPORATION		213-830-6300	N/A		
6 Number and street (or P.O. box if mail is not delivered to street address) of contact				7 City, town, or post office, state, and ZIP code of contact	
333 SOUTH GRAND AVENUE, 28TH FLOOR				LOS ANGELES, CA 90071	

8 Date of action		9 Classification and description			
SEE BELOW		COMMON STOCK			

10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)	
67402D104		OCSI		

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ▶ DISTRIBUTIONS IN EXCESS OF EARNINGS AND PROFITS WERE MADE ON THE FOLLOWING DATES: 3/15/2018, 06/15/2018, 09/15/2018, 12/17/2018

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ▶

03/15/2018: DISTRIBUTION PER SHARE \$0.140; RETURN OF CAPITAL PER SHARE \$0.039

06/15/2018: DISTRIBUTION PER SHARE \$0.145; RETURN OF CAPITAL PER SHARE \$0.040

09/15/2018: DISTRIBUTION PER SHARE \$0.155; RETURN OF CAPITAL PER SHARE \$0.043

12/17/2018: DISTRIBUTION PER SHARE \$0.155; RETURN OF CAPITAL PER SHARE \$0.043

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ▶ DISTRIBUTIONS IN EXCESS OF EARNINGS AND PROFITS ARE APPLIED AGAINST AND REDUCE THE ADJUSTED BASIS OF STOCK.

Part II **Organizational Action** *(continued)*

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ _____
SECTIONS 301 AND 316(b)(4)

18 Can any resulting loss be recognized? ▶ NOT APPLICABLE

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ _____
THE REPORTABLE TAX YEAR IS 2018

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ▶ _____ Date ▶ _____

Print your name ▶ A SIGNED COPY IS MAINTAINED BY THE ISSUER Title ▶ _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			