

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

OMB APPROVAL	
OMB Number:	3235-0104
Estimated 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 Address of Reporting Person* <u>Fortress Investment Group LLC</u>  (Last) (First) (Middle) 1345 AVENUE OF THE AMERICAS, 46TH FLOOR  (Street) NEW YORK NY 10105  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 10/25/2019	3. Issuer Name and Ticker or Trading Symbol <u>Medley Capital Corp [ MCC ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner  Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock	7,756,938	I	See footnotes <sup>(1)(2)</sup>

**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 Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			

1. Name and Address of Reporting Person\*  
Fortress Investment Group LLC  
 (Last) (First) (Middle)  
 1345 AVENUE OF THE AMERICAS, 46TH FLOOR  
 (Street)  
 NEW YORK NY 10105  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
DB Med Investor I LLC  
 (Last) (First) (Middle)  
 1345 AVENUE OF THE AMERICAS, 46TH FLOOR  
 (Street)  
 NEW YORK NY 10105  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*  
Drawbridge Special Opportunities Fund LP  
 (Last) (First) (Middle)  
 1345 AVENUE OF THE AMERICAS, 46TH FLOOR  
 (Street)  
 NEW YORK NY 10105  
 (City) (State) (Zip)

1. Name and Address of Reporting Person\*

[Drawbridge Special Opportunities GP LLC](#)

(Last) (First) (Middle)

1345 AVENUE OF THE AMERICAS, 46TH FLOOR

(Street)

NEW YORK NY 10105

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[DRAWBRIDGE SPECIAL OPPORTUNITIES  
ADVISORS LLC](#)

(Last) (First) (Middle)

1345 AVENUE OF THE AMERICAS, 46TH FLOOR

(Street)

NEW YORK NY 10105

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[Fortress Principal Investment Holdings IV LLC](#)

(Last) (First) (Middle)

1345 AVENUE OF THE AMERICAS, 46TH FLOOR

(Street)

NEW YORK NY 10105

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[FIG LLC](#)

(Last) (First) (Middle)

1345 AVENUE OF THE AMERICAS, 46TH FLOOR

(Street)

NEW YORK NY 10105

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[Fortress Operating Entity I LP](#)

(Last) (First) (Middle)

1345 AVENUE OF THE AMERICAS, 46TH FLOOR

(Street)

NEW YORK NY 10105

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[FIG Corp.](#)

(Last) (First) (Middle)

1345 AVENUE OF THE AMERICAS, 46TH FLOOR

(Street)

NEW YORK NY 10105

(City) (State) (Zip)

1. Name and Address of Reporting Person\*

[DRAWBRIDGE SPECIAL OPPORTUNITES](#)

## FUND LTD

(Last) (First) (Middle)  
1345 AVENUE OF THE AMERICAS, 46TH FLOOR

(Street)  
NEW YORK NY 10105

(City) (State) (Zip)

### Explanation of Responses:

1. Each reporting person disclaims beneficial ownership of all reported shares except to the extent of its pecuniary interest therein and the inclusion of the shares in this report shall not be deemed to be an admission of beneficial ownership of the reported shares for the purposes of Section 16 or otherwise. DB Med Investor I LLC, a Delaware limited liability company ("DB Med"), directly owns shares of common stock of the Issuer. Drawbridge Special Opportunities Fund LP, a Delaware limited partnership ("DBSO"), and Drawbridge Special Opportunities Fund LTD, a Cayman Islands exempted company ("DBSO Ltd."), are the members of DB Med. Drawbridge Special Opportunities GP LLC, a Delaware limited liability company ("DBSO GP"), is the general partner of DBSO and DBSO Ltd. Fortress Principal Investment Holdings IV LLC, a Delaware limited liability company ("FPI IV"), is the managing member of DBSO GP. [Footnote continues below]
2. Drawbridge Special Opportunities Advisors LLC, a Delaware limited liability company ("DBSO Advisors"), is the investment manager of DBSO and DBSO Ltd. FIG LLC, a Delaware limited liability company, is the holder of all of the issued and outstanding interests of DBSO Advisors. Fortress Operating Entity I LP, a Delaware limited partnership ("FOE I"), is the holder of all of the issued and outstanding interests of FPI IV and the Class A member of FIG LLC. FIG Corp., a Delaware corporation, is the general partner of FOE I. Fortress Investment Group LLC, a Delaware limited liability company ("Fortress"), is the holder of all of the issued and outstanding shares of FIG Corp.

### Remarks:

<a href="#">/s/ David N. Brooks as Authorized Signatory.</a>	<a href="#">11/04/2019</a>
<a href="#">/s/ Constantine M. Dakolias as Authorized Signatory.</a>	<a href="#">11/04/2019</a>
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<a href="#">/s/ David N. Brooks as Authorized Signatory.</a>	<a href="#">11/04/2019</a>
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<a href="#">/s/ Constantine M. Dakolias as Authorized Signatory.</a>	<a href="#">11/04/2019</a>

\*\* 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.