

Woolson Raymond  
Form 4  
April 03, 2019

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287  
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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 OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
Woolson Raymond

2. Issuer Name and Ticker or Trading Symbol  
DoubleLine Income Solutions Fund [DSL]

5. Relationship of Reporting Person(s) to Issuer  
(Check all applicable)

(Last) (First) (Middle)  
C/O DOUBLELINE CAPITAL LP, 333 SOUTH GRAND AVENUE, 18TH FLOOR  
(Street)

3. Date of Earliest Transaction (Month/Day/Year)  
04/01/2019

\_\_\_\_ Director  
\_\_\_\_ Officer (give title below)  Other (specify below) TRUSTEE

LOS ANGELES, CA 90071  
(City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D)	Price		
				Code	V	Amount	

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

**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 control number.**

SEC 1474 (9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

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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. Transaction Code  Code	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)  Code V (A) (D)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Amount Number Shares
COMMON SHARES <sup>(1)</sup>	<u>(1)</u>	04/01/2019		<u>J(2)</u> V	141.417	<u>(3)</u> <u>(3)</u>	COMMON SHARES	141.4

## Reporting Owners

**Reporting Owner Name / Address**

**Relationships**

Director 10% Owner Officer Other

Woolson Raymond  
 C/O DOUBLELINE CAPITAL LP  
 333 SOUTH GRAND AVENUE, 18TH FLOOR  
 LOS ANGELES, CA 90071

TRUSTEE

## Signatures

/s/ Jeremy C. Smith as Attorney-in-Fact for Raymond  
 Woolson

04/03/2019

     \*\*Signature of Reporting Person

        Date

## Explanation of Responses:

- \* 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).

(1) The interests are payable based on the net asset value of Common Shares of the Issuer.

Interests are held through a deferred compensation plan. The amount and values above are treated as notional investments in Common Shares of the Issuer under the deferred compensation plan. The number of shares represented by each notional investment is determined by reference to the net asset value of the Issuer determined as of a particular date. The date used for that purpose is shown in column 3 above. The actual transaction date may be a different date.

(3) Interests are settled at the end of a deferral period in accordance with the terms of a deferred compensation plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.