

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

OMB APPROVAL				
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nours per response	e 0.5			

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)								
1. Name and Address of Reporting Person * FOSTER VINCENT D	Statemen	2. Date of Event Requiring Statement (Month/Day/Year) — 06/04/2012		3. Issuer Name and Ticker or Trading Symbol HMS INCOME FUND, INC. [NONE]				
(Last) (First) (Middle) 2800 POST OAK BLVD SUITE 5000	00/04/2			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_Director Officer (give title below) Other (specify below)			5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) HOUSTON, TX 77056						Applicable 1 X_ Form f	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) (State) (Zip)		Table I - Non-Derivative Securities Beneficially Owned						
1.Title of Security (Instr. 4)	·	2. Amount of Securit Beneficially Owned (Instr. 4)		rned		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, par value \$0.001 per share 0				D				
Reminder: Report on a separate line for each class and the separate line for each cla	ond to the c splays a cur	ollection or rently val	of information id OMB con	on contained in t trol number.		·		
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	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiration Date	Title Amou Shares	nt or Number of	Security	(I) (Instr. 5)		
Reporting Owners								

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
FOSTER VINCENT D					
2800 POST OAK BLVD SUITE 5000 HOUSTON, TX 77056	X				

Signatures

/s/ Vincent D. Foster	06/04/2012
**Signature of Reporting Person	Date

Explanation of Responses:

- 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.

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.