

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

OMB APPROVAL				
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nours per response				

#### 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)									
Name and Address of Reporting Person * Hyzak Dwayne L.	2. Date of Event Requiring Statement (Month/Day/Year) 06/29/2020  E		-	3. Issuer Name and Ticker or Trading Symbol HMS INCOME FUND, INC. [None]					
(Last) (First) (Middle) 1300 POST OAK BOULEVARD, SUITE 800				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) HOUSTON, TX 77056			<u>b</u>	Officer (give titl elow)		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 Se Beneficially Own (Instr. 4)			ally Owne	d		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
No securities are beneficially owned.					D				
Reminder: Report on a separate line for each class of Persons who respond unless the form disp	d to the c	ollection	of info	ormation	contained in t	his form are no	t required to re	SEC 1473 (7-02)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)									
(Instr. 4)	itle of Derivative Security  2. Date Exercisable and Expiration Date (Month/Day/Year)  3. Title and Securities Use Counting (Instr. 4)		rities Underity r. 4)	erlying Derivativ	4. Conversion or Exercise Price of Derivative Security	Form of	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Expiration Date	Title	Amount Shares	or Number of		(I) (Instr. 5)		

# **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Hyzak Dwayne L. 1300 POST OAK BOULEVARD SUITE 800 HOUSTON, TX 77056	X				

## **Signatures**

Dwayne L. Hyzak	07/09/2020
**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.