FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB Number:	3235-0104				
Estimated average burden					
hours per response:	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

Name and Address of Reporting Person*     Steele Kellie			2. Date of Event Requiring Statement (Month/Day/Year) 12/16/2024	3. Issuer Name and Ticker or Trading Symbol New Mountain Net Lease Trust [ NONE ]				
(Last)	(First) VAY, 48TH FLOO	(Middle)			I. Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)	
- TOSS BROAD V	VA1, 401111 LOC			X	Officer (give title below)	Other (specify below)		vidual or Joint/Group Filing (Check able Line)
(Street)					See Remark	ks	X	Form filed by One Reporting Person
NEW YORK	NY	10019						Form filed by More than One Reporting Person
(City)	(State)	(Zip)						

## Table I - Non-Derivative Securities Beneficially Owned

I Indirect (I) (Instr. 5)	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)
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## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

		2. Date Exerc Expiration Da (Month/Day/	ate	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)	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

Explanation of Responses:

Remarks:

Title: Chief Financial Officer

No securities are beneficially owned.

<u>/s/ Kellie Steele</u> <u>12/16/2024</u>

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).