Blackstone / GSO Long-Short Credit Income Fund Form 3 March 16, 2016 UNITED STATES SECURITIES AND EXCHANGE COMMISSION FORM 3

Washington, D.C. 20549

INITIAL STATEMENT OF 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

OMB AF	PPROVAL
OMB Number:	3235-0104
Expires:	January 31, 2005
Estimated a	average
burden hou	rs per
response	0.5

(Print or Type Responses)

1. Title (Instr. 4

1. Name and Address of Reporting Person <u>*</u> Lee-Silvestri Dohyun (Doris)		2. Date of Event Requiring Statement (Month/Day/Year)	3. Issuer Name and Ticker or Trading Symbol Blackstone / GSO Long-Short Credit Income Fund [BGX]			
C/O GSO CAI PARTNERS L AVENUE	LP, 345 (Street)		03/10/2016	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner XOfficer Other (give title below) (specify below) Chief Financial Officer		6. Individual or Joint/Group
(City)	(State)	(Zip)	Table I - I	Non-Deriva	tive Securities	Beneficially Owned
1.Title of Security (Instr. 4)	ý		2. Amount o Beneficially (Instr. 4)		Ownership C	Nature of Indirect Beneficial wnership nstr. 5)
Reminder: Report owned directly or	indirectly. Person inform require	ns who res ation conta ed to respo	ach class of securities benefic pond to the collection of ained in this form are no ond unless the form disp MB control number.	t s	EC 1473 (7-02)	
Tab	ole II - Der	ivative Secu	rities Beneficially Owned (a	e.g., puts, calls	, warrants, optio	ns, convertible securities)

e of Derivative Security 4)	Expiration Date		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	Derivative Security: Security Direct (D)		

Shares	or Indirect
	(I)
	(Instr. 5)

Reporting Owners

Reporting Owner Name / Address		Relationships					
	Director	10% Owner	Officer	Other			
Lee-Silvestri Dohyun (Doris) C/O GSO CAPITAL PARTNERS LI 345 PARK AVENUE NEW YORK, NY 10154	PÂ	Â	Chief Financial Officer	Â			
Signatures							
/s/ Doris 03/16/201 Lee-Silvestri	6						
<u>**</u> Signature of Date Reporting Person							

Explanation of Responses:

No securities are beneficially owned

* 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.