

Blackstone / GSO Senior Floating Rate Term Fund
 Form 3
 November 03, 2010

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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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

(Print or Type Responses)

| | | | | | |
|--|---|---|--|---|---|
| <p>1. Name and Address of Reporting Person *</p> <p>10 PARK AVENUE, P.O. BOX 1902</p> <p>MORRISTOWN, NJ 07962</p> <p>(Last) (First) (Middle) (Street) (City) (State) (Zip)</p> | <p>2. Date of Event Requiring Statement</p> <p>08/13/2010</p> <p>(Month/Day/Year)</p> | <p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Blackstone / GSO Senior Floating Rate Term Fund [BSL]</p> | <p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p>___ Director ___X___ 10% Owner ___ Officer ___ Other (give title below) (specify below)</p> | <p>5. If Amendment, Date Original Filed(Month/Day/Year)</p> | <p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p>___X___ Form filed by One Reporting Person ___ Form filed by More than One Reporting Person</p> |
|--|---|---|--|---|---|

Table I - Non-Derivative Securities Beneficially Owned

| 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) |
|--|--|---|--|
| Blackstone/GSO Senior Floating Rate Term Fund ⁽¹⁾ | \$ 63,000,000 | D | ^ |
| Blackstone/GSO Senior Floating Rate Term Fund ⁽²⁾ | \$ 15,000,000 | D | ^ |
| Blackstone/GSO Senior Floating Rate Term Fund ⁽³⁾ | \$ 2,000,000 | D | ^ |

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

SEC 1473 (7-02)

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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 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 Security | 5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---|--|--|--|--|---|
| | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|--------------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| METROPOLITAN LIFE INSURANCE CO/NY 10 PARK AVENUE P.O. BOX 1902 MORRISTOWN, NJ 07962 | ^ | ^ X | ^ | ^ |

Signatures

/s/ Daniel F. Scudder, Assistant General Counsel

11/03/2010

__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).
- (1) Series A Floating Rate Senior Secured Note Due 5/31/20 See Exh 99-1.
- (2) Series A Floating Rate Senior Secured Note Due 5/31/20 See Exh 99-2.
- (3) Series A Floating Rate Senior Secured Note Due 5/31/20 See Exh 99-3.

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.