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 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     HPS Investment Partners, LLC		2. Date of Event Requiring Statement (Month/Day/Year) 01/23/2024	3. Issuer Name and Ticker or Trading Symbol HPS Corporate Capital Solutions Fund [ NONE ]							
(Last)	(First) (Middle)			Relationship of Reporting Person(s) to Issuer (Check all applicable)			to Issuer	5. If Amendment, Date of Original Filed (Month/Day/Year)		
40 WEST 57TH STREET, 33RD FLOOR				Officer (give title below)	X	10% Owner Other (specify below)	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person			
(Street) NEW YORK	NY	10019					A	Form filed by More than One Reporting Person		
(City)	(State)	(Zip)								

## Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	` ` '	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	l '
Shares of beneficial interest	100	D	

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

1. Title of Derivative Security (Instr. 4)	1		3. Title and Amount of Securities Ur Derivative Security (Instr. 4)	or Exercise	Form: Direct (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Indirect (I) Derivative (Instr. 5) Security	

**Explanation of Responses:** 

/s/ Tyler Thorn, Assistant Secretary

01/23/2024

\*\* 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> 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).