

WARNING: Complete this form truthfully. False statements or omissions may result in denial of your application, revocation of your registration, or criminal prosecution. You must keep this form updated by filing periodic amendments. See Form ADV General Instruction 4.

Item 1 Identifying Information

Responses to this Item tell us who you are, where you are doing business, and how we can contact you. If you are filing an *umbrella registration*, the information in Item 1 should be provided for the *filing adviser* only. General Instruction 5 provides information to assist you with filing an *umbrella registration*.

A. Your full legal name (if you are a sole proprietor, your last, first, and middle names):
ADVENT CAPITAL MANAGEMENT, LLC

B. (1) Name under which you primarily conduct your advisory business, if different from Item 1.A.
ADVENT CAPITAL MANAGEMENT, LLC

List on Section 1.B. of Schedule D any additional names under which you conduct your advisory business.

(2) If you are using this Form ADV to register more than one investment adviser under an *umbrella registration*, check this box ☐

If you check this box, complete a Schedule R for each relying adviser.

C. If this filing is reporting a change in your legal name (Item 1.A.) or primary business name (Item 1.B.(1)), enter the new name and specify whether the name change is of
☐ your legal name or ☐ your primary business name:

D. (1) If you are registered with the SEC as an investment adviser, your SEC file number: 801-60263
(2) If you report to the SEC as an *exempt reporting adviser*, your SEC file number:
(3) If you have one or more Central Index Key numbers assigned by the SEC ("CIK Numbers"), all of your CIK numbers:

CIK Number
1097278
1657970

E. (1) If you have a number ("CRD Number") assigned by the FINRA's CRD system or by the IARD system, your CRD number: 113013

If your firm does not have a CRD number, skip this Item 1.E. Do not provide the CRD number of one of your officers, employees, or affiliates.

(2) If you have additional CRD Numbers, your additional CRD numbers:

No Information Filed

F. Principal Office and Place of Business
(1) Address (do not use a P.O. Box):

Number and Street 1:
888 SEVENTH AVENUE
City:
NEW YORK

State:
New York

Number and Street 2:
31ST FLOOR
Country:
United States

ZIP+4/Postal Code:
10019

If this address is a private residence, check this box: ☐

List on Section 1.F. of Schedule D any office,

(5) What is the total number of offices, other than your *principal office and place of business*, at which you conduct investment advisory business as of the end of your most recently completed fiscal year?

0

G. Mailing address, if different from your *principal office and place of business* address:

Number and Street 1:		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:

If this address is a private residence, check this box: ☐

H. If you are a sole proprietor, state your full residence address, if different from your *principal office and place of business* address in Item 1.F.:

Number and Street 1:		Number and Street 2:	
City:	State:	Country:	ZIP+4/Postal Code:

Yes No

I. Do you have one or more websites or accounts on publicly available social media platforms (including, but not limited to, Twitter, Facebook and LinkedIn)?

☒ ☐

If "yes," list all firm website addresses and the address for each of the firm's accounts on publicly available social media platforms on [Section 1.I. of Schedule D](#). If a website address serves as a portal through which to access other information you have published on the web, you may list the portal without listing addresses for all of the other information. You may need to list more than one portal address. Do not provide the addresses of websites or accounts on publicly available social media platforms where you do not control the content. Do not provide the individual electronic mail (e-mail) addresses of employees or the addresses of employee accounts on publicly available social media platforms.

J. Chief Compliance Officer

(1) Provide the name and contact information of your Chief Compliance Officer. If you are an *exempt reporting adviser*, you must provide the contact information for your Chief Compliance Officer, if you have one. If not, you must complete Item 1.K. below.

Name:		Other titles, if any:	
Telephone number:		Facsimile number, if any:	

- ☒ a third-party unaffiliated recordkeeper.
- ☐ other.

Briefly describe the books and records kept at this location.
CERTAIN BOOKS AND RECORDS OF ADVENT CONVERTIBLE AND INCOME FUND.

Name of entity where books and records are kept:
CITCO FUND SERVICES (CAYMAN ISLANDS) LIMITED

Number and Street 1: 89 NEXUS WAY		Number and Street 2: 2ND FLOOR	
City: GRAND CAYMAN	State:	Country: Cayman Islands	ZIP+4/Postal Code: KY1-1205

If this address is a private residence, check this box: ☐

Telephone Number: 345-945-3838	Facsimile number, if any: 345-945-3888
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- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
FUND ADMINISTRATOR - SERVES AS OFFICIAL BOOKS AND RECORDS LOCATION FOR CERTAIN POOLED INVESTMENT VEHICLE(S) ADVISED BY THE FIRM.

Name of entity where books and records are kept:
V&K LOGISTICS LLC

Number and Street 1: 427B WEST MAIN STREET		Number and Street 2:	
City: PATCHOGUE	State: New York	Country: United States	ZIP+4/Postal Code: 11772

If this address is a private residence, check this box: ☐

Telephone Number: 888-785-2604	Facsimile number, if any:
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- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this

- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
CERTAIN BOOKS AND RECORDS OF ADVENT CONVERTIBLE AND INCOME FUND.

Name of entity where books and records are kept:
GUGGENHEIM ADVISORS, LLC

Number and Street 1: 135 E 57TH STREET		Number and Street 2: 11TH FLOOR	
City: NEW YORK	State: New York	Country: United States	ZIP+4/Postal Code: 10022

If this address is a private residence, check this box: ☐

Telephone Number: 212-739-0700	Facsimile number, if any:
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- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Briefly describe the books and records kept at this location.
CERTAIN BOOKS AND RECORDS OF ADVENT CONVERTIBLE AND INCOME FUND.

Name of entity where books and records are kept:
MUFG INVESTOR SERVICES (US) LLC

Number and Street 1: 805 KING FARM BOULEVARD		Number and Street 2:	
City: ROCKVILLE	State: Maryland	Country: United States	ZIP+4/Postal Code: 20850

If this address is a private residence, check this box: ☐

Telephone Number: 240-614-4801	Facsimile number, if any:
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- This is (check one):
- ☐ one of your branch offices or affiliates.
 - ☒ a third-party unaffiliated recordkeeper.
 - ☐ other.

Application Number:
803-

Date of order:

Item 3 Form of Organization

If you are filing an *umbrella registration*, the information in Item 3 should be provided for the *filing adviser* only.

A. How are you organized?

☐ Corporation

☐ Sole Proprietorship

☐ Limited Liability Partnership (LLP)

☐ Partnership

☒ Limited Liability Company (LLC)

☐ Limited Partnership (LP)

☐ Other (specify):

If you are changing your response to this Item, see [Part 1A Instruction 4](#).

B. In what month does your fiscal year end each year?

DECEMBER

C. Under the laws of what state or country are you organized?

StateCountry

DelawareUnited States

If you are a partnership, provide the name of the state or country under whose laws your partnership was formed. If you are a sole proprietor, provide the name of the state or country where you reside.

If you are changing your response to this Item, see [Part 1A Instruction 4](#).

Item 4 Successions

YesNo

A. Are you, at the time of this filing, succeeding to the business of a registered investment adviser, including, for example, a change of your structure or legal status (e.g., form of organization or state of incorporation)?

☐☒

If "yes", complete Item 4.B. and [Section 4 of Schedule D](#).

B. Date of Succession: (MM/DD/YYYY)

If you have already reported this succession on a previous Form ADV filing, do not report the succession again. Instead, check "No." See [Part 1A Instruction 4](#).

SECTION 4 Successions

No Information Filed

Item 5 Information About Your Advisory Business - Employees, Clients, and Compensation

Responses to this Item help us understand your business, assist us in preparing for on-site examinations, and provide us with data we use when making regulatory policy. [Part 1A Instruction 5.a.](#) provides additional guidance to newly formed advisers for completing this Item 5.

Employees

If you are organized as a sole proprietorship, include yourself as an employee in your responses to Item 5.A. and Items 5.B.(1), (2), (3), (4), and (5). If an employee performs more than one function, you should count that employee in each of your responses to Items 5.B.(1), (2), (3), (4), and (5).

A. Approximately how many *employees* do you have? Include full- and part-time *employees* but do not include any clerical workers.

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B. (1) Approximately how many of the *employees* reported in 5.A. perform investment advisory functions (including research)?

If you check Item 5.G.(3), what is the SEC file number (811 or 814 number) of each of the registered investment companies and business development companies to which you act as an adviser pursuant to an advisory contract? You must complete a separate Schedule D Section 5.G.(3) for each registered investment company and business development company to which you act as an adviser.

SEC File Number
811 - 21309

Provide the regulatory assets under management of all *parallel managed accounts* related to a registered investment company (or series thereof) or business development company that you advise.

No Information Filed

SEC File Number
811 - 23011

Provide the regulatory assets under management of all *parallel managed accounts* related to a registered investment company (or series thereof) or business development company that you advise.

No Information Filed

SECTION 5.I.(2) *Wrap Fee Programs*

If you are a portfolio manager for one or more *wrap fee programs*, list the name of each program and its *sponsor*. You must complete a separate Schedule D Section 5.I.(2) for each *wrap fee program* for which you are a portfolio manager.

Name of *Wrap Fee Program*
AMC PREMIER PROGRAM

Name of *Sponsor*
TRUIST INVESTMENT SERVICES, INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
8 - 35355

Sponsor's CRD Number (if any):
17499

Name of *Wrap Fee Program*
LOCKWOOD SPONSORED PROGRAM

Name of *Sponsor*
BNY ADVISORS

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):
801 - 52378

Sponsor's CRD Number (if any):
106108

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

801 - 29938

Sponsor's CRD Number (if any):

5393

Name of Wrap Fee Program

MANAGED ACCOUNTS CONSULTING PROGRAM

Name of Sponsor

UBS FINANCIAL SERVICES INC.

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

801 - 7163

Sponsor's CRD Number (if any):

8174

Name of Wrap Fee Program

MORGAN STANLEY CONSULTING AND EVALUATION SERVICES PROGRAM

Name of Sponsor

MORGAN STANLEY

Sponsor's SEC File Number (if any) (e.g., 801-, 8-, 866-, 802-):

801 - 70103

Sponsor's CRD Number (if any):

149777

Name of Wrap Fee Program

MORGAN STANLEY SELECT UMA PROGRAM

Name of Sponsor

MORGAN STANLEY

