## Fairbairn Robert W Form 3 February 16, 2018 UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB APPROVAL FORM 3 Washington, D.C. 20549 OMB

## **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)

1. Name and Ad Person <u>*</u> Fairbairn I	1	orting	2. Date of Event Red Statement (Month/Day/Year)		<ul> <li>3. Issuer Name and Ticker or Trading Symbol</li> <li>BlackRock Multi-Sector Income Trust [BIT]</li> </ul>				
(Last)	(First)	(Middle)	02/16/2018		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
55 EAST 52N	ND STREE	ΕT							
(Street)				(Check	(Check all applicable)		6. Individual or Joint/Group		
NEW YORK	, NY 1	0055		X Director Officer (give title below	<ul> <li> 10% Ov</li> <li> Other</li> <li>v) (specify below)</li> </ul>	wner Filing(Ch _X_Form ) Person	eck Applicable Line) filed by One Reporting filed by More than One		
(City)	(State)	(Zip)	Tab	le I - Non-Derivat	ive Securities	s Beneficially	eneficially Owned		
1.Title of Securi (Instr. 4)	ty			mount of Securities ficially Owned r. 4)	Ownership (	4. Nature of Ind Ownership (Instr. 5)	irect Beneficial		
Reminder: Report owned directly o		ate line for ea	ch class of securities	beneficially S	EC 1473 (7-02)				
	inform require curren	ation conta ed to respo tly valid OI	pond to the collect ained in this form a and unless the form MB control numbe	are not n displays a r.					
Ta	able II - Deri	ivative Secu	rities Beneficially Ov	wned ( <i>e.g.</i> , puts, calls,	warrants, optic	ons, convertible	e securities)		
1. Title of Deriv (Instr. 4)	ative Securit	Expi	ration Date /Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	f 4. Conversion or Exercise Price of Derivative	1	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Date

Exercisable

Expiration

Title

Date

Estimated average burden hours per response... 0.5

Security:

Security

Amount or

Number of

Shares

Direct (D)

or Indirect

(Instr. 5)

(I)

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships				
	Director	10% Owner	Officer	Other	
Fairbairn Robert W 55 EAST 52ND STREET NEW YORK, NY 10055	ÂX	Â	Â	Â	
Signatures					
/s/ Eugene Drozdetski as Attorney-in-Fact	02/16/2018				
**Signature of Reporting Person		D	ate		

## **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.