

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

► See separate instructions.

Part I Reporting Issuer

1 Issuer's name GCM GROSVENOR INC		2 Issuer's employer identification number (EIN) 85-2226287	
3 Name of contact for additional information INVESTOR RELATIONS	4 Telephone No. of contact 312-506-6500	5 Email address of contact INQUIRIES@GCMLP.COM	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact 900 NORTH MICHIGAN AVENUE, SUITE 1100		7 City, town, or post office, state, and ZIP code of contact CHICAGO, IL 60611-6558	
8 Date of action June 12, 2025		9 Classification and description CLASS A COMMON STOCK, \$0.0001 PAR VALUE PER SHARE	
10 CUSIP number 36831E108	11 Serial number(s)	12 Ticker symbol GCMG	13 Account number(s)

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ► **Distribution on June 12, 2025 to shareholders of record on June 6, 2025.**

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► **Distribution was \$0.11 per share, of which 42.9% was a return of capital. Investors should reduce their basis in each share by \$0.04719 per share.**

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ► **Calculation based upon current and accumulated earnings and profits as of tax year ending December 31, 2025.**

Part II Organizational Action (continued)**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ **Section 301(c), Section 316****18** Can any resulting loss be recognized? ▶ **N/A****19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ **2025****Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ▶



Date ▶

1/29/2026

Print your name ▶ **JOHN EVANS**Title ▶ **MANAGING DIRECTOR****Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no.

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054