FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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	Check this box if no longer subjec
	to Section 16. Form 4 or Form 5
\cup	obligations may continue. See
	Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

							0(11) 0	i tile i		00	inpany Act o	JI 10-10								
Name and Address of Reporting Person* Larson Bruce M.					2. Issuer Name and Ticker or Trading Symbol Carlyle Group Inc. [CG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
															Direc			10% Ov		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)									Office below	cer (give title w)		Other (s	specify	
						08/02/2023								Chief Human Resources Officer						
1001 PENNSYLVANIA AVENUE, NW																				
						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street)														X	Form	n filed by On	e Rer	porting Pers	son	
WASHII	NGTON DO	2	0004		1											•				
-															Form filed by More than One Reportion Person					
(City)	(City) (State) (Zip) Rule 10b5-1(c) Transaction Indication										on									
													truction or wr	itten p	lan that is int	ended to				
satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																				
		Table	l - No	n-Deriva	tive S	ecur	ities	Acc	uired,	Dis	posed of	f, or I	3enefi	ciall	y Owr	ned				
1. Title of	Security (Ins	tr. 3)		2. Transacti	on 2A. Deemed				3. 4. Securities Acquired (A				uired (A)	A) or 5. Amount of			6. O	wnership	7. Nature	
	, (,		Date	Execution Date,			Transaction Disposed Of (D) (Instr. 3,						ities		n: Direct	of Indirect Beneficial			
(MOI			(WOILLINDAY	(Month/Day/Year) if any (Mont		(Month/Day/Year)		Code (Instr. 5) 8)				Owne		d În		direct (I)	Ownership			
								$\overline{}$			1		Repo				(Instr. 4)	(Instr. 4)		
								Code	۱v	Amount	(A) (D)	or Pric								
Common Stock 08/02/20						023		S		13,413	D ⁽¹⁾ \$3		2.36	6 403,069			D			
		/e Securities Acquired, Disposed of, or Benefic								ially Owned										
		Tab	le II -												Owne	ed				
				(e.g., pu	ts, cai	ıs, v	varra	ınts,	optior	15, 0	onvertio	ne se	curitie	:S)						
				eemed	4.		5.		6. Date Exercisable and		7. Title and		8. Price of Derivative		9. Number		10.	11. Nature		
Derivative Security	or Exercise (Month/Day/Year) if any				Transaction Code (Instr. 8)									curity			Ownership Form:	Beneficial Ownership		
(Instr. 3)													(Instr. !		Beneficiall Owned		Direct (D) or Indirect			
	Security						Acquired		Security			rity			Following		(I) (Instr. 4)	(111501. 4)		
					(A) or Dispos				(Instr. 3 and				. 3 and 4)			Reported	Reported Transaction(s)			
								of (D)								(Instr. 4)	(5,	3,		
								(Instr. 3, 4 and 5)												
							1 1						Amount	nt						
									l				or							
									Date		Expiration		Number of							
					Code	v	V (A) (D)		Exercisable		Date	Title		1						

Explanation of Responses:

1. These shares of common stock were sold on behalf of the reporting person solely to satisfy tax withholding obligations arising from the vesting of restricted stock units pursuant to pre-arranged trading arrangements entered into by the reporting person during an open trading window.

/s/ Anne K. Frederick by power of attorney for Bruce

08/03/2023

M. Larson

** Signature of Reporting Person Date

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

- * If the form is filed by more than one reporting person, see Instruction 4 (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.

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.