

Blackstone / GSO Senior Floating Rate Term Fund  
 Form 3  
 November 03, 2010

**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,  
 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)

<p>1. Name and Address of Reporting Person *</p> <p>Â METROPOLITAN LIFE INSURANCE CO/NY</p> <p>(Last) (First) (Middle)</p> <p>10 PARK AVENUE,Â P.O. BOX 1902</p> <p>(Street)</p> <p>MORRISTOWN,Â NJÂ 07962</p> <p>(City) (State) (Zip)</p>	<p>2. Date of Event Requiring Statement</p> <p>(Month/Day/Year)</p> <p>08/13/2010</p>	<p>3. Issuer Name and Ticker or Trading Symbol</p> <p>Blackstone / GSO Senior Floating Rate Term Fund [BSL]</p>	<p>4. Relationship of Reporting Person(s) to Issuer</p> <p>(Check all applicable)</p> <p>___ Director    <input checked="" type="checkbox"/> 10% Owner                  ___ Officer    ___ Other                  (give title below) (specify below)</p>	<p>5. If Amendment, Date Original Filed(Month/Day/Year)</p>	<p>6. Individual or Joint/Group Filing(Check Applicable Line)</p> <p><input checked="" type="checkbox"/> Form filed by One Reporting Person                  ___ Form filed by More than One Reporting Person</p>
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Blackstone/GSO Senior Floating Rate Term Fund <u>(1)</u>	\$ 63,000,000	D	Â
Blackstone/GSO Senior Floating Rate Term Fund <u>(2)</u>	\$ 15,000,000	D	Â
Blackstone/GSO Senior Floating Rate Term Fund <u>(3)</u>	\$ 2,000,000	D	Â

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

SEC 1473 (7-02)

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

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
METROPOLITAN LIFE INSURANCE CO/NY 10 PARK AVENUE P.O. BOX 1902 MORRISTOWN, NJ 07962	^	^ X	^	^

## Signatures

/s/ Daniel F. Scudder, Assistant General Counsel	11/03/2010
**Signature of Reporting Person	Date

## Explanation of Responses:

- \* 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).
- (1) Series A Floating Rate Senior Secured Note Due 5/31/20 See Exh 99-1.
- (2) Series A Floating Rate Senior Secured Note Due 5/31/20 See Exh 99-2.
- (3) Series A Floating Rate Senior Secured Note Due 5/31/20 See Exh 99-3.

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.