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 or Section 30(h) of the Investment Company Act of 1940

| | | | or Section | on 30(n) of t | ne investment Company Act of | 1940 | | | | |
|---|---------|--------------|---|--------------------|---|--|---|---|---|---|
| Name and Address of Reporting Person* Colony NorthStar, Inc. | | | 2. Date of Event Requiring Statement (Month/Day/Year) | | 3. Issuer Name and Ticker or Trading Symbol NorthStar Realty Europe Corp. [NRE] | | | | | |
| (Last) (First) (Middle) 515 S. FLOWER STREET, 44TH FLOOR | | _ 11/30/2017 | ĺ | | 10% Owr | ier | If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing (Check | | | |
| (Street) LOS ANGELES CA 90071 | | | _ | | Officer (give title below) | Other (specify below) | | Applicable Line) Form filed by One Reporting Person X Form filed by More than One Reporting Person | | |
| (City) (| State) | (Zip) | | | | | | | | |
| | | | Table I - Noi | n-Derivati | ive Securities Beneficia | Ily Owned | | | | |
| 1. Title of Security (Instr. 4) | | | | | . Amount of Securities leneficially Owned (Instr. 4) | Form: Dire | Form: Direct (D) or Indirect (I) | | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | |
| Common Stock, \$0.01 par value per share | | | | | 5,536,909 | I (1) | | See F | e Footnote.(1) | |
| | | | | | e Securities Beneficially nts, options, convertib | | es) | | | |
| Expira | | | 2. Date Exerc Expiration Day/Y | ate | 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4) | | or | ersion | Form: | 6. Nature of Indirect Beneficial Ownership (Instr. 5) |
| | | | Date Exercisable | Expiration Date | n Titte | Amount or Number of Shares | Price Deriv | of ative | Direct (D) or Indirect (I) (Instr. 5) | |
| 1. Name and Addre | | - | | | | | | | | |
| Colony NorthStar, Inc. | | | | | | | | | | |
| (Last) (First) (Middle) 515 S. FLOWER STREET, 44TH FLOOR | | | | | | | | | | |
| (Street) LOS ANGELES CA 90071 | | | | | | | | | | |
| (City) | (State) | (Zip | o) | | | | | | | |
| Name and Address of Reporting Person* Colony Capital Operating Company, LLC | | | | | | | | | | |
| (Last) (First) (Middle) 515 S. FLOWER STREET, 44TH FLOOR | | | | | | | | | | |
| (Street) LOS ANGELES | CA | 90 | 071 | | | | | | | |
| (Citv) | (State) | (Zin |)) | | | | | | | |

Explanation of Responses:

Remarks:

The Reporting Persons are jointly filing this Form 3 pursuant to Rule 16a-3(j) under the Exchange Act. Information with respect to each of the Reporting Persons is given solely by such Reporting Person, and no Reporting Person has responsibility for the accuracy or completeness of information supplied by another Reporting Person

COLONY NORTHSTAR, INC., By: /s/ Mark M.

Hedstrom, Executive Vice 12/01/2017

President & Chief Operating

Officer

COLONY CAPITAL
OPERATING COMPANY,

12/01/2017

LLC, By: /s/ Mark M. Hedstrom, Vice President

** 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 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.

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.