

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

1. Name and Address of Reporting Person* <u>TIGER GLOBAL MANAGEMENT LLC</u> <hr/> (Last) (First) (Middle) 9 WEST 57TH STREET 35TH FLOOR <hr/> (Street) NEW YORK NY 10019 <hr/> (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/25/2018	3. Issuer Name and Ticker or Trading Symbol <u>Sunrun Inc. [ RUN ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person

**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)
Common Stock, par value \$0.0001 per share	10,899,865	I	See Footnote <sup>(1)</sup>

**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: 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			

1. Name and Address of Reporting Person* <u>TIGER GLOBAL MANAGEMENT LLC</u> <hr/> (Last) (First) (Middle) 9 WEST 57TH STREET 35TH FLOOR <hr/> (Street) NEW YORK NY 10019 <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person* <u>Coleman Charles P III</u> <hr/> (Last) (First) (Middle) C/O TIGER GLOBAL MANAGEMENT, LLC 9 WEST 57TH STREET, 35TH FLOOR <hr/> (Street) NEW YORK NY 10019 <hr/> (City) (State) (Zip)
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1. Name and Address of Reporting Person*		
<a href="#">SHLEIFER SCOTT L</a>		
(Last)	(First)	(Middle)
<a href="#">C/O TIGER GLOBAL MANAGEMENT, LLC</a>		
<a href="#">9 WEST 57TH STREET, 35TH FLOOR</a>		
(Street)		
<a href="#">NEW YORK</a>	<a href="#">NY</a>	<a href="#">10019</a>
(City)		
(City)	(State)	(Zip)

**Explanation of Responses:**

1. The securities of the Issuer are held by advisory clients of Tiger Global Management, LLC ("Tiger Global") and/or its related persons and may be deemed to be beneficially owned by (i) Tiger Global; (ii) Charles P. Coleman, III ("Coleman"), a partner and portfolio manager of Tiger Global and (iii) Scott Shleifer ("Shleifer"), a partner and portfolio manager of Tiger Global. Each of Tiger Global, Coleman and Shleifer disclaim beneficial ownership of the reported securities except to the extent of his or its pecuniary interest therein, and affirmatively disclaim being a "group" for purposes of Section 16 of the Securities Exchange Act of 1934, as amended (the "Exchange Act").

[Tiger Global Management, LLC, By: /s/ Anil L. Crasto,](#) [05/30/2018](#)  
[Chief Operating Officer](#)  
[/s/ Charles P. Coleman, III](#) [05/30/2018](#)  
[/s/ Scott Shleifer](#) [05/30/2018](#)

\*\* 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.**