See separate instructions.

## Part I Reporting Issuer

| 1  | Issuer's name             |                           | 2 Issuer's employer identification number (EIN) |                         |            |  |  |  |
|--|---------------------------|---------------------------|---|-------------------------|------------|--|--|--|
| Dir  | exion Hilton Tactical Ind | come Fund                 | 46-3128483                                      |                         |            |  |  |  |
| 3 Name of contact for additional information   |                           |                           | 4 Telephone No. of contact                      |                         |            | 5 Email address of contact                                   |  |  |
| 9  |                           |                           |   |                         |            |  |  |  |
| Pat  | trick Rudnick             |                           | 646-572-3631                                    |                         |            | rudnickp@direxioninvestments.com                             |  |  |
| 6  | Number and street (or F   | P.O. box if mail is not o | delivered to street address) of contact         |                         | t          | 7 City, town, or post office, state, and Zip code of contact |  |  |
|  |                           |                           |   |                         |            |  |  |  |
| 615  | 5 E. Michigan Street      |                           |   | Milwaukee, WI 53202     |            |  |  |  |
| 8  | Date of action            |                           | 9 Classification and description                |                         |            |  |  |  |
|  |                           |                           |   |                         |            |  |  |  |
| 8/3  | 1/2016                    |                           | istributior                                     | 1                       |            |  |  |  |
| 10   | CUSIP number              | 11 Serial number(s        | )   | 12 Ticker symbol        |            | 13 Account number(s)   |  |  |
|  |                           |                           |   |                         |            |  |  |  |
|  | 254939168                 | N/A                       |   | HCYIX                   |            | N/A  |  |  |
| P  | art II Organizatio        | onal Action Attacl        | n additional                                    | statements if needed    | . See bac  | ck 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 |                           |                           |   |                         |            |  |  |  |
|  | the action < Direxio      | n Hilton Tactical Inco    | ome Fund pa                                     | aid a nontaxable return | of capital | distribution on the dates listed below to                    |  |  |
| sha  | areholders of record on   | the dates listed belo     | DW.   |                         |            |  |  |  |
| Re   | cord Date: 01/29/2016     | Ex-Date: 02/01/201        | 6   |                         |            |  |  |  |
| Record Date: 02/29/2016 Ex-Date: 03/01/2016  |                           |                           |   |                         |            |  |  |  |
| Record Date: 03/31/2016 Ex-Date: 04/01/2016  |                           |                           |   |                         |            |  |  |  |
| Record Date: 04/29/2016 Ex-Date: 05/02/2016  |                           |                           |   |                         |            |  |  |  |
| Re   | cord Date: 05/31/2016     | Ex-Date: 06/01/201        | 6   |                         |            |  |  |  |
| Record Date: 06/30/2016 Ex-Date: 07/01/2016  |                           |                           |   |                         |            |  |  |  |
| Re   | cord Date: 07/29/2016     | Ex-Date: 08/01/201        | 6   |                         |            |  |  |  |
|  |                           |                           |   |                         |            |  |  |  |
|  |                           |                           |   |                         |            |  |  |  |

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 ► The total nontaxable return of capital portion of the dividend paid to shareholders of record on

| the dates listed below is 0.180263 per share. |                     |                      |  |  |  |  |  |  |
|---|---------------------|----------------------|--|--|--|--|--|--|
| Record Date: 01/29/2016                       | Ex-Date: 02/01/2016 | 0.02805799 per share |  |  |  |  |  |  |
| Record Date: 02/29/2016                       | Ex-Date: 03/01/2016 | 0.02805799 per share |  |  |  |  |  |  |
| Record Date: 03/31/2016                       | Ex-Date: 04/01/2016 | 0.02805799 per share |  |  |  |  |  |  |
| Record Date: 04/29/2016                       | Ex-Date: 05/02/2016 | 0.02402225 per share |  |  |  |  |  |  |
| Record Date: 05/31/2016                       | Ex-Date: 06/01/2016 | 0.02402225 per share |  |  |  |  |  |  |
| Record Date: 06/30/2016                       | Ex-Date: 07/01/2016 | 0.02402225 per share |  |  |  |  |  |  |
| Record Date: 07/29/2016                       | Ex-Date: 08/01/2016 | 0.02402225 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 ► The tax basis of the shareholders of record for each dividend is lowered by the per share return of capital amount noted above. The rate was determined in accordance to IRC §301 and §316.

| Parl         | i II 🔹   | Organizational Action (continue                  | ed)   |                            |                  |                     |
|--------------|----------|--|---|----------------------------|------------------|---------------------|
| 17           | List the | applicable Internal Revenue Code secti           | on(s) and subsection(s) upon which the tax tre            | eatment is based           | IRC §301,        | §316                |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
| 18           | Can an   | resulting loss be recognized?                    | oss can be recognized by the shareholders                 | of record for the          | nontaxable re    | eturn of capital    |
|              |          | eceived.   | ······································                    |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
| 19           | Provide  | any other information necessary to imp           | element the adjustment, such as the reportable            | e tax year ► <u>The ir</u> | formation pro    | ovided above will   |
|              |          | on the shareholder's 2016 1099-DIV s             |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              |          |  |   |                            |                  |                     |
|              | Unde     | r penalties of periury. I declare that I have ex | kamined this return, including accompanying schedu        | les and statements         | and to the best  | of my knowledge and |
|              | belief   | , it is true, correct, and complete. Declaration | o of preparer (other than officer) is based on all inform | nation of which prepa      | rer has any know | wledge.             |
| Sign         |          |  |   |                            |                  |                     |
| Here         | Signa    | ture A signed copy is maintained by              | the issuer  | Date ►                     |                  |                     |
|              | Duint    |  | Title   |                            |                  |                     |
| Daid         | -        | your name ►<br>Print/Type preparer's name        | Preparer's signature                                      | Title ►<br>Date            | Check if         | PTIN                |
| Paid<br>Prer | arer     |  |   |                            | self-employed    |                     |
|              | Only     | Firm's name                                      |   |                            | Firm's EIN ►     |                     |
|              |          |  |   |                            | DI.              |                     |

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

Firm's address ►

Phone no.