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Hercules Cap	pital, Inc.										
Form 4											
September 1.	3, 2016										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	3235-0287		
Check this box if no longer subject to Section 16.									Expires:	January 31,	
				GES IN	BENEFI	CIA	LOW	NERSHIP OF	•	2005	
				SECURITIES					Estimated average burden hours per		
Form 4 of	Form 4 or							response 0.5			
Form 5	Filed J	pursuant to	Section 1	6(a) of the	e Securiti	es E	xchang	e Act of 1934,			
obligation may cont				•	. .	• •		1935 or Section	n		
See Instru		30(h)	of the In	vestment	Company	Ac	t of 194	0			
1(b).											
(Print or Type F	Responses)										
1. Name and Address of Reporting Person *2. Issuer 1Olson AndrewSymbol			r Name and	Ticker or T	Fradir	ıg	5. Relationship of Reporting Person(s) to				
			Symbol					Issuer			
			Hercule	s Capital,	Inc. [HT	GC]		(Chec)	k all applicable	.)	
(Last)	(First)	(Middle)	3. Date of	f Earliest Tr	ansaction			(enter	ii uii uppiiouoio	,	
			(Month/E	-				Director		Owner	
C/O HERCULES CAPITAL,			09/10/2	016				Officer (give title Other (specify below) below)			
	AMILTON A	VENUE						VP Finance	& Sr Con	troller	
SUITE 310											
				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
			Filed(Mor	nth/Day/Year)			Applicable Line) _X_ Form filed by One Reporting Person			
	O, CA 94301							Form filed by M			
TALO ALT	0, 01)+501							Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecuri	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of	2. Transaction I	Date 2A. Dee	med	3.	4. Securiti		-	5. Amount of	6. Ownership	7. Nature of	
Security	(Month/Day/Ye		on Date, if		on(A) or Dis	-		Securities	Form: Direct		
(Instr. 3)		any (Month/	Day/Year)	Code (Instr. 8)	(Instr. 3, 4	and	5)	Beneficially Owned	(D) or Indirect (I)	Beneficial Ownership	
		(intointii)	Buj, Ioui)	(111541: 0)				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported			
						or		Transaction(s) (Instr. 3 and 4)			
C				Code V	Amount	(D)	Price	(insure una I)			
Common Stock	09/10/2016			F	117 <u>(1)</u>	D	\$ 12.52	9,105	D		
Stock							13.53				

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

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

Security				Code	of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
Repo	Reporting Owner Name / Address Director				Relationships 10% Owner Officer						
400 HAM	CULES CA	APITAL, INC. VENUE SUITE 31 1301	O VP Finance & amp; Sr Controller								
Signat	tures										
/s/Melani Olson	/s/Melanie Grace, Attorney-in-Fact for Andrew Olson				3/2016						
	<u>**</u> Signature	of Reporting Person		D	ate						
Fypla	nation	of Respo	nses [.]								

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4.

5.

6. Date Exercisable and 7. Title and

8. Price of 9. Nu

Explanation of Responses:

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

3. Transaction Date 3A. Deemed

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) Represents shares of common stock withheld to pay taxes applicable to the vesting of restricted stock on September 10, 2016.

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.

1. Title of 2.