Edgar Filing: Grace Melanie - Form 4

Form 4											
August 21, 20	1								OMB AF	PROVAL	
	UNITE	D STATES		hington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check this if no longe subject to Section 16 Form 4 or	er STATE	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Expires: Estimated a burden hour response		
Form 5 obligation: may contin <i>See</i> Instruct 1(b).	s Section 1	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 Ro	esponses)										
1. Name and Ac Grace Melan	2. Issuer Name and Ticker or Trading Symbol Hercules Capital, Inc. [HTGC]					5. Relationship of Reporting Person(s) to Issuer					
(Last)	(First)	(Middle)		Earliest Tra	-	1		(Checl	k all applicable)	
C/O HERCU INC., 400 HA SUITE 310	(Month/Day/Year) 08/20/2018					Director 10% Owner X Officer (give title Other (specify below) General Counsel & CCO					
				endment, Date Original nth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person 			
PALO ALTO), CA 94301							Form filed by M Person	ore than One Re	porting	
(City)	(State)	(Zip)	Table	e I - Non-Do	erivative S	lecuri	ties Acqu	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction E (Month/Day/Ye	ar) Execution any	med on Date, if Day/Year)	Code	(Instr. 3,	spose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Restricted Stock Units	08/20/2018			А	871	A	\$ 13.44	38,647 <u>(1)</u>	D		

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)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owna Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships							
i O	Director	10% Owner	Officer	Other					
Grace Melanie C/O HERCULES CAPITA 400 HAMILTON AVENU PALO ALTO, CA 94301			General Counsel & CCO						
Signatures									
/s/ /Melanie Grace	08/21/2018								
<u>**</u> Signature of Reporting Person	Date								

Explanation of Responses:

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

Includes additional Dividend Shares relating to deemed reinvested dividend equivalent rights that accrued on Restricted Stock Units (RSUs) previously granted. Such additional Dividend Shares are in the form of additional RSUs vest and are settled at the same time as

(1) (RSUS) previously granted. Such additional Dividend Shares are in the form of additional RSUs vest and are settled at the same time a the RSUs in respect of which the dividend equivalent rights accrued. Each such additional Dividend Share RSU is the economic equivalent of one share of Hercules Capital, Inc. common stock.

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.