## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB 3235Number: 0287
Estimated average
burden hours per
response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Estimated average burden hours per

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

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|---|-------|--|--|---|-----------|-------------------------|---------------------|---|--------------------|---|---|--|----------------------------------|--|--|--|
| (Print or Type Responses)  1. Name and Address of Reporting Person * Gutermuth William D. |       |  | S  | 2. Issuer Name and Ticker or Trading<br>Symbol<br>Main Street Capital CORP [MAIN] |           |                         |                     |   | I                  | 5. Relationship of Reporting Person(s) to<br>Issuer (Check all applicable)  |   |  |                                  |  |  |  |
| (Last) (First) (Middle)<br>1300 POST OAK BLVD., STE. 800                                  |       |  | 00 (1  | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>07/15/2010                 |           |                         |                     |   | <u>b</u>           | X_ Director 10% Owner Officer (give title Other (specify below)   |   |  |                                  | pelow)   |  |  |
| (Street) HOUSTON, TX 77056  |       |  |  | 4. If Amendment, Date Original Filed(Month/Day/Year)                              |           |                         |                     |   | A                  | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person |   |  |                                  |  |  |  |
| (City) (State) (Zip)  |       |  |  | Table I - Non-Derivative Securities Acqu  |           |                         |                     |   | Acquir             | uired, Disposed of, or Beneficially Owned   |   |  |                                  |  |  |  |
| 1.Title of Security (Instr. 3)  |       | 2. Transaction<br>Date<br>(Month/Day/Year) | Execution any                                      | 2A. Deemed<br>Execution Date, if<br>any<br>Month/Day/Year)                        |           | Transaction A<br>Code D |                     | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                    | 5. Amount of<br>Securities<br>Beneficially (<br>Following Re<br>Transaction(s   | Owned For                               |  | ship of Ind<br>Benef<br>(D) Owne | 7. Nature<br>of Indirect<br>Beneficial<br>Dwnership<br>Instr. 4)   |  |  |
|   |       |  |  |   | Code      | v                       | Amount              | (A)<br>or<br>(D)  | Price              | (Instr. 3 and 4   |   | (I)<br>(Instr.   | Ì                                | <del>-1)</del>   |  |  |
| Common  | Stock | 07/15/2010                                 |  |   | J(1)      |                         | 25.026              | A   | \$<br>16.37        | 17,431.6639   | 9                                       | D  |                                  |  |  |  |
| Reminder: directly or i   |       | a separate line for e                      | ach class  | s of securitie  | es benefi | Pe<br>inf               | rsons v<br>ormation | on co   | ontaine<br>spond ( | d to the colle<br>d in this form<br>unless the fo<br>control num  | n are r<br>orm dis                      | ot   | (                                | 1474<br>9-02)  |  |  |
|   |       |  |  | ve Securitie<br>s, calls, war   | •         |                         | •                   |   |                    | ficially Owne   | d                                       |  |                                  |  |  |  |
| (Instr. 3)  |       | e (Month/Day/Yea                           | 3A. Deemed<br>Execution Date<br>r)<br>(Month/Day/Y | ution Date,   | Code      | Cransaction Number of   |                     | ative aties red sed 3,  | and Exp            | Exercisable<br>iration Date<br>Day/Year)  | Amou<br>Under<br>Secur<br>(Instr.<br>4) | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and<br>4) |                                  | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | Derivative<br>Security:<br>Direct (D)<br>or Indirect | 11. Nature<br>of Indirect<br>Beneficial<br>Ownershij<br>(Instr. 4) |
|   |       |  |  |   | Cod       | le V                    | 7 (A)               |   | Date<br>Exercisa   | Expiration Date   | Title I                                 | or<br>Number<br>of<br>Shares   |                                  |  |  |  |

#### **Reporting Owners**

| Donouting Own on Name / Address  | Relationships |           |         |       |  |  |
|--|---------------|-----------|---------|-------|--|--|
| Reporting Owner Name / Address   | Director      | 10% Owner | Officer | Other |  |  |
| Gutermuth William D.<br>1300 POST OAK BLVD.<br>STE. 800<br>HOUSTON, TX 77056 | X             |           |         |       |  |  |

### **Signatures**

| /s/ Rodger A. Stout as Attorney-in-Fact for William D. Gutermuth | 08/13/2010 |  |
|--|------------|--|
| 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).
- (1) The reporting person acquired 25.026 shares under a dividend reinvestment plan, pursuant to a dividend reinvestment transaction exempt from Section 16 under Rule 16a-11.

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.