Check this box if no

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

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per

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**

Section 30(h) of the Investment Company Act of 1940

response... Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or

(Print or Type Resp	onses)										
1. Name and Addr JACKSON JOH	Symbol Main Street Capital CORP [MAIN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) below)				
1300 POST OA	3. Date of Earliest Transaction (Month/Day/Year) 10/15/2014										
HOUSTON, TX	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	Instr. 3) Date Execution (Month/Day/Year) Execution any		emed 3. Transactio Code (Instr. 8)			4. Securi (A) or D (Instr. 3,	ispos	sed of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Direct (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	Amount	(D)	Price	(Instr. 3 and 4)	(Instr. 4)	
Common Stock	10/15/2014			P ⁽¹⁾	V	12.674	A	\$ 27.3927	8,454.285	D	
Common Stock	10/15/2014			P(1)	V	20.35	A	\$ 28.4	8,474.635	D	
Reminder: Report of directly or indirectly	on a separate line for y.	each cla	ass of securi	ties bene	ficia	lly owned	1				
					i	nformat equired	ion c	ontained espond u	I to the collection of the thick that it is to the form are numbers the form distorted in the thick that is the form the	ot	SEC 1474 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned $(\emph{e.g.}, \textbf{puts}, \textbf{calls}, \textbf{warrants}, \textbf{options}, \textbf{convertible securities})$

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transactio	n Nu	mber	and Expirati	ion Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	De	rivativ	e		Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative				Se	curities			(Inst	r. 3 and		Owned	Security:	(Instr. 4)	
	Security				Ac	quired			4)			Following	Direct (D)		
					(A	or or						Reported	or Indirect		
					Di	sposed						Transaction(s)	(I)		
					of	(D)						(Instr. 4)	(Instr. 4)		
					(Instr. 3,								į l		
					4, and 5)								į l		
										Amount			i l		
							_			or			į l		
							Date	Expiration Date	Title	Number			į l		
							Exercisable	Date		of					
				Code V	(A) (D)				Shares					

Reporting Owners

Penarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
JACKSON JOHN EARL								
1300 POST OAK BLVD	X							
SUITE 800 HOUSTON, TX 77056								

Signatures

/s/ Jason B. Beauvais as Attorney-in-Fact for John E. Jackson	10/20/2014	
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 these 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.