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

OMB APPROVAL OMB 3235-Number: 0287 Estimated average

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**

burden hours per response...

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

(Print or Type	pe Respo	onses)														
1. Name and Address of Reporting Person * Griffin Jon Kevin				Symbol Main Street Capital CORP [MAIN]]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 1300 POST OAK BLVD., STE. 800				3. Date of Earliest Transaction (Month/Day/Year) 12/15/2014					Officer (give title Other (specify below)							
HOUSTO		(Street) 77056		4. If Amend Filed(Month)			Original		A	6. Individual or Applicable Line) X_ Form filed by Form filed by I	One Repo	orting Perso	n			
(City)		(State) (Zi	p)	Table I	- Non-	Deriv	ative Se	curitie	es Acqui	ed, Disposed	of, or I	Beneficial	ly Owne	1		
1.Title of Security (Instr. 3)		Date (Month/Day/Year) Ex		eemed ion Date, if n/Day/Year)	Transaction Code		(A) or I	4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		Beneficially 6 Following	Owned	Direct (D)	Benef O) Owne	lirect icial ership		
					Code	v	Amount	(A) or (D)	Price	Reported Transaction(s (Instr. 3 and		or Indire (I) (Instr. 4)	ì	. 4)		
Common	Stock	12/15/2014			P ⁽¹⁾	V	33.653	A	\$ 29.4782	12,445.799		D				
Common	Stock	12/15/2014			P(1)	V	27.26	A	\$ 29.48	12,473.059		D				
Reminder: F		n a separate line for	each cla	ass of securi	ties ben	eficia	lly owned	d [
						ļ	informa required	tion o	containe espond	d to the colle d in this form unless the fo control numb	n are r rm dis	not		1474 9-02)		
		Table II				-	-			ficially Owned	i					
		-	(e.g., p	uts, calls, w	arrant	s, opt	tions, cor	ıverti	ble secur	ities)						
(Instr. 3)	Convers	ise (Month/Day/Y	ear) Ex	A. Deemed ecution Date y Ionth/Day/Y	Co	ode	Secu	nber ivative	and Exp (Month)	Exercisable iration Date (Day/Year)	7. Title Amou Under Securi (Instr.	int of Sities (9. Number of Derivative Securities Beneficially Owned	Ownership Form of Derivative	В

1. Title of	2.	Transaction	3A. Deemed	4.	5.		Date Exer	rcisable	7. Tit	le and	8. Price of	Number of	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	ber	and Expirati	on 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)	Deriv	ative			Secu	rities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative				Secur	ities			(Inst	. 3 and		Owned	Security:	(Instr. 4)	
	Security				Acqu	ired			4)			Following	Direct (D)		
					(A) o	r						Reported	or Indirect		
					Dispo	osed						Transaction(s)	(I)		
					of (D)						(Instr. 4)	(Instr. 4)		
					(Instr	. 3,									
					4, and	15)									
										Amount					
										or					
							Date	Expiration Date	Title	Number					
							Exercisable	Date		of					
				Code V	(A)	(D)				Shares					

Reporting Owners

Penarting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Griffin Jon Kevin 1300 POST OAK BLVD. STE. 800 HOUSTON, TX 77056	X						

Signatures

/s/ Jason B. Beauvais as Attorney-in-Fact for J. Kevin Griffin	12/18/2014
[™] 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.