FORM 4

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

OMB APPROVAL
OMB 3235Number: 0287
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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

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

(Finit of Type Kes	Julises)												
1. Name and Address of Reporting Person * JACKSON JOHN EARL			2. Issuer Name and Ticker or Trading Symbol Main Street Capital CORP [MAIN]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
1300 POST OA	3. Date of Earliest Transaction (Month/Day/Year) 03/16/2015						Officer (give titl pelow)			specify be	elow)		
HOUSTON, TX	(Street) X 77056		4. If Amen Filed(Month			Original		1	6. Individual or Jo Applicable Line) _X_ Form filed by One Form filed by Mor	Reporting Po	erson		
(City)	(State) (Zi	ip)	Table I	- Non-I)eriv	ative Sec	uriti	es Acqui	red, Disposed of,	or Benefi	cially (Owned	
(Month/Day/Year) any		eemed 3. ion Date, if Transaction Code h/Day/Year) (Instr. 8)			(Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Ow Following Reported	ned Form Direc	ership n: et (D)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	irect cial rship	
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(I) (Instr		(IIIsti.	.,
Common Stock	03/16/2015			P ⁽¹⁾	V	11.696	A	\$ 30.828	1 11,162.593	D			
Common Stock	03/16/2015			P(1)	V	19.45	A	\$ 30.85	11,182.043	D			
Reminder: Report of directly or indirectly	on a separate line for y.	each cla	ass of securi	ties bene		•	L						
					i	nformat equired	ion (to r	containe espond	d to the collect d in this form a unless the form control number	re not displays	s a	SEC (9	1474 9-02)
	Table II	- Deriva	tive Securi	ties Acq					eficially Owned				
		(e.g., p	uts, calls, w	arrants	, opt	ions, con	vert	ible secur	rities)				
1. Title of 2.	3. Transaction	3A	. Deemed	4.		5.				Title and		Price of	
D									· D				

1. Title of	2.	Transaction	3A. Deemed	4.	5.		Date Exer	rcisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	oer	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			(Instr	: 3 and		Owned	Security:	(Instr. 4)
	Security				Acqu	ired		4)			Following	Direct (D)		
					(A) o	r						Reported	or Indirect	
					Dispo	sed						Transaction(s)	(I)	
					of (D)						(Instr. 4)	(Instr. 4)	
					(Instr	. 3,								
					4, and 5)									
										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		10% Owner	Officer	Other				
JACKSON JOHN EARL 1300 POST OAK BLVD SUITE 800 HOUSTON, TX 77056	X							

Signatures

/s/ Jason B. Beauvais as Attorney-in-Fact for John E. Jackson	03/24/2015
[™] 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.