FORM 4

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

OMB APPROVAL		
OMB Number:	3235-0287	
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

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

Main Steet Capital CoRT [MAIN] Director X Officer (give tit 1300 POST OAK BLVD., STE. 800 03/15/2016 X Officer (give tit 1300 POST OAK BLVD., STE. 800 03/15/2016 X Officer (give tit 1300 POST OAK BLVD., STE. 800 03/15/2016 X Officer (give tit 1300 POST OAK BLVD., STE. 800 03/15/2016 X Officer (give tit 1300 POST OAK BLVD., STE. 800 03/15/2016 X Officer (give tit 1300 POST OAK BLVD., STE. 800 POST OAK BLVD	(Check all applice below) ————————————————————————————————————	cable) 10% Owner Other (specify belong Officer g(Check Applicable)	ow)
(Street) HOUSTON, TX 77056 (State) (State) (Street) (Street) (Street) (Street) (Street) (City) (State) (State) (State) (State) (State) (City) (State) (State) (City) (State) (State) (City) (City) (State) (Code (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3 and 4) (Instr. 3 and 4)	e below) Chief Accountin pint/Group Filing Reporting Person than One Reporting or Beneficially curities	Other (specify belong Officer g(Check Applicable) Person	
HOUSTON, TX 77056 (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Instr. 3, 4 and 5) (Instr. 3, and 4)	Reporting Person than One Reporting or Beneficially curities	Person	e Line)
(City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)	or Beneficially		
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date, if Code (A) or Disposed of (D) (Instr. 3, 4 and 5) (Instr. 3 and 4)	curities	A 1	
(Instr. 3) Date (Month/Day/Year) (Month/Day/Year) Execution Date, if Code (Instr. 8) (Instr. 3, 4 and 5) (Instr. 3 and 4)		Owned	
	orted Transaction(s) Form: Beneficial		f Indirect
Code V Amount (A) or (D) Price			Instr. 4)
Common Stock 03/15/2016 P(1) V 38.795 A \$ 30.73 23,922.015		D	
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.			
Persons who respond to the collection contained in this form are not required the form displays a currently valid OMB	o respond unl	ess	C 1474 (9- 02)
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)			
1. Title of 2. 3. Transaction 3A. Deemed 4. 5. Number 6. Date Exercisable 7. Title and 8. Price	•	ative Ownership Form of Derivative Security: Direct (D) or Indirect action(s) (I)	Beneficia Ownershi (Instr. 4)
Code V (A) (D) Date Expiration Exercisable Date Code V (A) (D) Amount or Number of Shares			
Reporting Owners			
Reporting Owner Name / Address Director 10% Owner Officer Other			
Martin Shannon 1300 POST OAK BLVD., STE. 800 HOUSTON, TX 77056 VP, Chief Accounting Officer			
Signatures			

Explanation of Responses:

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

Signature of Reporting Person

- ** 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.

Date

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.

