FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

| (Print or Ty | pe Response | s) | | _ | | | | | | | | | | | | |
|---|---|--|--|--|----------------------|--|--------|---|--------------------------------------|--|---|---|--------------------------------------|---|--|------------------------------------|
| Name and Address of Reporting Person* Matthews Beverly Kay | | | | 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 | | | | | |
| (Last) (First) (Middle) 1300 POST OAK BLVD., 8TH FLOOR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/15/2020 | | | | | | Office | er (give title belo | ow)(| Other (specify b | elow) | | |
| (Street) HOUSTON, TX 77056 | | | | 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 lired, Disposed of, or Beneficially Owned | | | | | | |
| (City) (State) (Zip) | | | Table I - Non-Derivative Securities Acqu | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | | f Code (Instr. 8) | | ction | 1 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | of (D) | Beneficially Owned Following Reported Transaction(s) | | Following (s) | 6. Ownership Form: | Beneficial | |
| | | | | (Month/Da | y/Year | | ode | V | Amoun | (A) or (D) | Price | (Instr. 3 a | or I | | or Indirect | Ownership (Instr. 4) |
| Common | Stock | | 10/15/2020 | | | J | 1) | V | 27.152 | 2 A | \$ 29.84 | 5,919.3 | 84 | | D | |
| | | | | Derivative | | | equire | the t | form dis | splays a | a curre eneficial | ntly valid | OMB conf | spond unle trol number | | |
| Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | n 3A. Deemed Execution Da any | (e.g., puts, calls, w 4. Ate, if Transaction Code Year) (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. D and (Mc | and Expiration Date (Month/Day/Year) | | 7. T Ame Und Sect (Ins 4) | itle and ount of lerlying urities tr. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | Beneficia Ownersh (Instr. 4) |
| | | | | Cod | e V | (A) | (D) | | - | Date | Title | Number of Shares | | | | |

Reporting Owners

| D (O N (| Relationships | | | | | |
|---|---------------|--------------|---------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Matthews Beverly Kay 1300 POST OAK BLVD. 8TH FLOOR HOUSTON, TX 77056 | X | | | | | |

Signatures

| /s/Jason B. Beauvais as Attorney-in-Fact for Beverly K. Matthews | 10/29/2020 |
|--|------------|
| **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.