# 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

	pe Response													
1. Name and Address of Reporting Person* CROWELL GAYLE A			2. Issuer Name and Ticker or Trading Symbol Hercules Capital, Inc. [HTGC]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director10% Owner					
(Last) (First) (Middle) C/O HERCULES CAPITAL, INC., 400 HAMILTON AVENUE SUITE 310			3. Date of Earliest Transaction (Month/Day/Year) 03/15/2021						Office	r (give title belo	ow)	Other (specify b	elow)	
(Street) PALO ALTO, CA 94301		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) (State) (Zip)			Table I - Non-Derivative Securities Acquired, Dispo						osed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		I	2. Transaction Date [Month/Day/Year)	2A. Deemed Execution Date, i	3. Transaction Code (Instr. 8)		(A) or			Beneficial Reported	ant of Securities ally Owned Following d Transaction(s)		6. Ownership Form:	Beneficial
				(Month/Day/Year	Coc	le '	V Amou	Amount (A) or (D)		(Instr. 3 and 4)			\ /	Ownership (Instr. 4)
Common	Stock	(	03/15/2021		A		124	I)   A	§ 16.6	13,732			D	
Reminder:	Report on a s	separate line for	each class of secur	ities beneficially o	wned di	Pe	ersons w	ho respon			ction of inf			1474 (9-02)
Reminder:	Report on a s	separate line for	Table II - I	Derivative Securi	ties Acq	Pe co the uired,	ersons wontained in the form diese of the form d	ho respond in this form splays a co	m are currer eficiall	not requality valid	uired to res	ormation spond unle trol numbe	ss	1474 (9-02)
1. Title of Derivative Security		3. Transaction	Table II - I (  3A. Deemed Execution Date any		ties Acq arrants	Peconthic the continuity of th	ersons wontained in the form diese of the form d	of, or Bendertible securicisable on Date	m are currer eficiall rities) 7. Ti Amo Unde Secu	not requality valid	OMB conf	spond unle	of 10. Ownersh Form of Derivatir Security Direct (I or Indire	11. Nature of Indire Benefic: (Instr. 4

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
CROWELL GAYLE A C/O HERCULES CAPITAL, INC. 400 HAMILTON AVENUE SUITE 310 PALO ALTO, CA 94301	X				

## **Signatures**

/s/ /Melanie Grace, Attorney-in-Fact for Gayle Crowell	03/16/2021	
**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) Shares acquired through the Hercules Capital, Inc. Dividend Reinvestment Plan.

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.