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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

1. Name and Address of Reporting Person *

(Print or Type Responses)

Randhawa Paramjeet K

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

2. Issuer Name and Ticker or Trading Symbol

Hercules Capital, Inc. [HTGC]

| | | | | | | | | | | | | | | CCIOI | | 1070 OWIEL | |
|--|----|---------------------------------|--|--|--|---|-----|--|------------------|------------------------------|--|--------------------------------------|--|--|--|---|-------------|
| C/O HERCULES CAPITAL, INC., 400 HAMILTON AVENUE, SUITE 310 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2022 | | | | | | | Offi | icer (give title be | elow) (| Other (specify be | elow) | |
| PALO ALTO, CA 94301 | | | | 4. If | 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, Disposed of, or Beneficially Owned | | | | | | | | | | | | |
| (Instr. 3) | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, any (Month/Day/Yea | ĺ | Code (Instr. 8) | | or Disposed of (D) (Instr. 3, 4 and 5) | | |) ` | Benefi Report | ount of Securities cially Owned Following red Transaction(s) 3 and 4) | | Ownership Form: | 7. Nature of Indirect Beneficial Ownership | |
| | | | (Mont | ilii/Day/ fear) | Co | ode | V | Amoun | (A) or (D) | Price | (msu. 3 and 4) | | | | (Instr. 4) | | |
| Common Stock | | 08/01/2022 | | | | A | A | | 723 (1) | A S | \$ 16.131 | 8 2,694 | 2,694 | | D | | |
| | | | Table II | | | | | | the | ntained form d Dispose | in this foliages in the second in this foliages in the second in the sec | orm are a curre Seneficia | e not rec ntly vali ally Owne | d OMB co | nformation espond unles ntrol number | is | 1474 (9-02) |
| 1 Tid C | 12 | 2 T | . 24 D1 | (e.g., | puts, ca | alls, | | ints, c | • | | ertible se | | | 0 D.: C | 0 Nh C | 110 | 11 N-t |
| 1. Title of Derivative Security (Instr. 3) | | 3. Transaction Date (Month/Day/ | Year) Execution Day | 4. Transaction Code Year) (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amo Undo Secu | r. 3 and | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | V | (A) | (D) | Date | e rcisable | Expiration Date | Title | Amount or Number of Shares | | | | |

Reporting Owners

| Domouting Ownon Name / Adduses | Relationships | | | | | | |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| Randhawa Paramjeet K C/O HERCULES CAPITAL, INC. 400 HAMILTON AVENUE, SUITE 310 PALO ALTO, CA 94301 | X | | | | | | |

Signatures

/s//Eileen Bagarella, Attorney-in-Fact for Paramjeet K. Randhawa

08/01/2022

**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 purchased based on reporting person's election to receive stock in lieu of cash compensation fee otherwise due to reporting person as a director of the Issuer.

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.