FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: 3235-0287

Estimated average burden hours per response: 0.5

| | ox if no longer subject to | • • • | | | | | | | | |
|---|--|----------|---|----------------------|---|--------------------|--|--|--|--|
| | Form 4 or Form 5 obligations e. See Instruction 1(b). | | Filed pursuant to Section 16(a) of the Securities Exchange or Section 30(h) of the Investment Company Act of | | | | | | | |
| 1. Name and Address of Reporting Person [*] Botelho Kiersten Zaza | | | 2. Issuer Name and Ticker or Trading Symbol <u>Hercules Capital, Inc.</u> [HTGC] | (Check all ap Dir | 5. Relationship of Reporting Person(s) to Is (Check all applicable) Director 10 | | | | | |
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/10/2023 | | | Other (s below) | | | | |

| C/O HERCULES CAPITAL, INC. | | | | General Counsel & CCO |
|----------------------------|--------------|--------|--|---|
| 400 HAMILTON | NAVENUE, SUI | TE 310 | 4. If Amendment, Date of 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 |
| PALO ALTO | CA | 94301 | Rule 10b5-1(c) Transaction Indication | |
| (City) | (State) | (Zip) | Check this box to indicate that a transaction was made pursuant to a differentiative defense conditions of Rule 10b5-1(c). See Instruction 10. | contract, instruction or written plan that is intended to satisfy the |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | n Date, Transaction Code (Instr. | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | Securities | or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
|---------------------------------|--|---|-------------------------------------|---|--|---------------|---------|------------------|-------------------------------|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | (Instr. 3 and 4) | | (1150.4) | |
| Common Stock | 04/10/2023 | | F | | 144(1) | D | \$12.38 | 27,268 | D | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | | Derivative | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) | Ownership Form: Direct (D) | Beneficial Ownership (Instr. 4) |
|--|---|--|---|------|---|------------|-----|--|--------------------|--|----------------------------------|---|--|----------------------------------|---------------------------------------|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | | |

Explanation of Responses:

1. Represents shares of common stock withheld to pay taxes applicable to the vesting of restricted stock on April 10, 2023.

Remarks:

/s/ /Eileen Bagarella, Attorney-in-Fact for Kiersten Zaza Botelho

04/12/2023

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

OMB APPROVAL

10% Owner

Other (specify below)