## FORM 5

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

OMB APPR	OVAL
OMB Number:	3235-0362
Estimated average	burden
hours per response	e 1.0

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Form 3 Holdings Reported

Form 4 Transactions

Reported

## ANNUAL 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

1. Name and Address of Reporting Per- Woodward Allyn C				~ .	1		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			
(Last) (First)  C/O HERCULES CAPITAL, IN HAMILTON AVENUE SUITE	NC., 400	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016				Officer (give title below) Other (specify below)				
(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)			
PALO ALTO, CA 94301							_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								
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code (Instr. 8)	(A) or Disposed of (D) (Instr. 3, 4 and 5)		of	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		Beneficial Ownership	
Common Stock	12/31/2016		A	3,753 (1)	A	\$ 0 (1)	250,374	D		

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

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 control number.

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

Security (Instr. 3)	Conversion	Date (Month/Day/Year)	Execution Date, if	Code (Instr. 8)	5. Numb of Deriv Secur Acqui (A) or Dispo of (D) (Instr. 4, and	ative ities ired : sed	6. Date Exer and Expiration (Month/Day)	on Date /Year)	Amor Unde Secur	unt of rlying	(Instr. 5)	of Derivative Securities Beneficially Owned at	Ownership Form of Derivative Security: Direct (D) or Indirect (I)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					(A)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares					

### **Reporting Owners**

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

#### **Signatures**

/s/Melanie Grace, Attorney-in-fact for Allyn C. Woodward, Jr	01/20/2017
**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 provided 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.