## FORM 4

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

OMB APPROVAL
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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)            |  |  |                  |                 |             |        |  |            |                    |  |  |   |  |   |  |        |
|---|---|---------------|--|--|------------------|-----------------|-------------|--------|--|------------|--------------------|--|--|---|--|---|--|--------|
| 1. Name and Address of Reporting Person* Henriquez Manuel A                       |   |               |  | 2. Issuer Name and Ticker or Trading Symbol<br>Hercules Capital, Inc. [HTGC]     |                  |                 |             |        |  |            |                    |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner |   |  |   |  |        |
| (Last) (First) (Middle) C/O HERCULES CAPITAL, INC., 400 HAMILTON AVENUE SUITE 310 |   |               |  | 3. Date of Earliest Transaction (Month/Day/Year) 03/04/2017                      |                  |                 |             |        |  |            | y/Year)            | X Officer (give title below) Other (specify below)  President & Deficiency CEO   |  |   |  |   |  |        |
| (Street) PALO ALTO, CA 94301  |   |               |  | 4. If Amendment, Date Original Filed(Month/Day/Year)                             |                  |                 |             |        |  |            | h/Day/Yea          | 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 |                  |                 |             |        |  |            |                    |  |  |   |  |   |  |        |
| 1.Title of Security<br>(Instr. 3)   |   |               | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution Date, if   |                  | Code (Instr. 8) |             | ction  | A. Securities Acquir<br>(A) or Disposed of (Instr. 3, 4 and 5) |            |                    | (D) Beneficially Own<br>Reported Transac   |  | ollowing  | 6.<br>Ownership<br>Form:                                     | of Indire<br>Benefici                           | Beneficial   |        |
|   |   |               |  | (Month/Day/Year)   |                  |                 | ode         | v      | Amour  | (A) or (D) | Price              | (Instr. 3 a  | . 3 and 4)   |   | Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4)               | Ownersh<br>(Instr. 4)                           |  |        |
| Common Stock  |   | 03/04/2017    |  |  |                  | ]               | F           |        | 6,079<br>(1)   | D          | \$<br>14.8         | 1,950,4  | 1,950,453  |   | D  |   |  |        |
|   |   |               |  |  |                  |                 |             | quire  | the f  | orm di     | splays<br>of, or B | a curr<br>enefici  | ently valid  | OMB con   | spond unle<br>trol numbe                                     |   |  |        |
| 1. Title of   | 2   | 3. Transactio |  |  | its, calls<br>1. |                 | rrant<br>5. | ts, op |  |            |                    |  | s)<br>Title and  | 8. Price of   | 9. Number  | of 10.  | 11. X  | Vature |
| Derivative<br>Security  | Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security |               | Execution Da<br>Year) any                  | te, if Transaction Code Year) (Instr. 8)   |                  | ion             |             |        | 6. Date Exercisable<br>and Expiration Date<br>(Month/Day/Year) |            | Aı<br>Uı<br>Se     | Ittle and<br>mount of<br>aderlying<br>curities<br>str. 3 and   | Derivative<br>Security<br>(Instr. 5)   | Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | Owner<br>Form of<br>Derivat<br>Securit<br>Direct<br>or India | ship of Ind<br>Bene<br>ive Own<br>(Instr<br>(D) | of Indirect<br>Beneficia<br>Ownershi<br>(Instr. 4) |        |
|   |   |               |  |  |                  | V               | (A) (D)     |        | Date<br>Exer   | cisable    | Expirati<br>Date   | ion Ti   | Amount or Number of Shares   |   |  |   |  |        |
| Repor   | ting O  | wners         |  |  |                  |                 |             |        |  |            |                    |  |  |   |  |   |  |        |

|  | Relationships |              |                 |       |  |  |  |
|--|---------------|--------------|-----------------|-------|--|--|--|
| Reporting Owner Name / Address   | Director      | 10%<br>Owner | Officer         | Other |  |  |  |
| Henriquez Manuel A<br>C/O HERCULES CAPITAL, INC.<br>400 HAMILTON AVENUE SUITE 310<br>PALO ALTO, CA 94301 | X             |              | President & CEO |       |  |  |  |

### **Signatures**

| /s/Melanie Grace, Attorney-in-Fact for Manuel Henriquez | 03/07/2017 |  |
|---|------------|--|
| **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) Represents shares of common stock withheld to pay taxes applicable to the vesting of restricted stock on March 4, 2017.

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.