FORM 5

Reported

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

OMB APP	ROVAL					
OMB Number:	3235-0362					
Estimated average burden						
ours per respons	se 10					

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

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 JR	2. Issuer Name and Ticker or Trading Symbol HERCULES TECHNOLOGY GROWTH CAPITAL INC [HTGC]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director 10% Owner Officer (give title below) Other (specify below)				
(Last) (First) C/O HERCULES TECHNOLO CAPITAL, 400 HAMILTON A 310	GY GROWTH	3. Statement for Isst (Month/Day/Year) 12/31/2009	uer's Fiscal Year	Ended						
(Street) PALO ALTO, CA 94301		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (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 (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi (A) or Di (D) (Instr. 3,	isposed	of)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock \$0.001 par value	12/31/2009		A	5,065 (1)	A	\$ <u>(1)</u>	84,511	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.

SEC 2270 (9-02)

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

1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exercisable		6. Date Exercisable		6. Date Exercisable		7. Tit	le and	8. Price of	9. Number	10.	11. Nature	
Derivative	Conversion	Date	Execution Date, if	Transaction	Numb	er	and Expiration	on Date	Amou	int of	Derivative	of	Ownership	of Indirect					
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Derivative	Form of	Beneficial					
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Deriv	ative			Secur	ities	(Instr. 5)	Securities	Derivative	Ownership					
	Derivative				Secur	ities			(Instr	. 3 and		Beneficially	Security:	(Instr. 4)					
	Security				Acqui	ired			4)			Owned at	Direct (D)						
					(A) or	r						End of	or Indirect						
					Dispo	sed						Issuer's	(I)						
					of (D))						Fiscal Year	(Instr. 4)						
					(Instr.	. 3,						(Instr. 4)							
					4, and	15)													
										Amount									
							D .	n:		or									
								Expiration	Title	Number									
							Exercisable Date		Exercisable Date			of							
					(A)	(D)				Shares									

Reporting Owners

		Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
WOODWARD ALLYN C JR C/O HERCULES TECHNOLOGY GROWTH CAPITAL 400 HAMILTON AVE., SUITE 310 PALO ALTO, CA 94301	X						

Signatures

/s/ Scott Harvey, Attorney-in-fact for Allyn C. Woodward, Jr.	02/11/2010

**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 Technology Growth 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.