FORM 4	4
--------	---

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

(Print or Type Pespons

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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

### 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 Pe Lund David Michael	2. Issuer Name and HERCULES T CAPITAL INC	ECHNO	LOC	<i>.</i> .		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director				
(Last)(First)(Middle)C/O HERCULES TECHNOLOGY GROWTH CAPITAL, 400 HAMILTON AVENUE, SUITE 3103. Date of Earliest Transaction (Month/Day/Year) 05/16/2011							VP of Fin & Corpora			
(Street) PALO ALTO, CA 94301	4. If Amendment,	Date Origin	nal Fi	iled(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								
1. Title of Security     2. Transactio       (Instr. 3)     Date       (Month/Day/			(Instr. 8) (Instr. 3, 4			bisposed of (D)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form:	7. Nature of Indirect Beneficial
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock \$0.001 par value	05/16/2011		F		39 <u>(1)</u>	D	\$ 10.35	73,630	D	
Common Stock \$0.001 par value	05/17/2011		F		192 <mark>(2)</mark>	D	\$ 10.37	73,438	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 SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

( <i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n Number		and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	o	f		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	D	Derivat	tive			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Securities				(Instr. 3 and			Owned	Security:	(Instr. 4)	
	Security				А	cquir	ed			4)			Following	Direct (D)	
					(/	A) or							Reported	or Indirect	
				Disposed		ed						Transaction(s)	(I)		
				of (D)							(Instr. 4)	(Instr. 4)			
				(Instr. 3,											
					4, and 5)										
											Amount				
								Date	Emination		or				
								Exercisable	Expiration	Title	Number				
								Exercisable	Date		of				
				Code V	/ (.	A) (	(D)				Shares				

## **Reporting Owners**

	Relationships						
<b>Reporting Owner Name / Address</b>	Director	10% Owner	Officer	Other			
Lund David Michael C/O HERCULES TECHNOLOGY GROWTH CAPITAL 400 HAMILTON AVENUE, SUITE 310 PALO ALTO, CA 94301			VP of Fin & Corporate Controll				

### **Signatures**

\*\*Signature of Reporting Person

05/18/2011 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 May 16, 2011.
- (2) Represents shares of common stock withheld to pay taxes applicable to the vesting of restricted stock on May 17, 2011.

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.