## FORM 5

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

OMB APPR	OVAL
OMB Number:	3235-0362
Estimated average	burden
oure per recoone	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

Name and Address of Re Bluestein Scott	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)  Director  X Officer (give title below)  Other (specify below)				
(Last) (I C/O HERCULES TEC CAPITAL, 31 ST. JA 790		GY GROWTH	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) I 12/31/2011				Chief Credit Officer			
BOSTON, MA 02116	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) (S	State)	(Zip)	Tab	le I - Non-Deri	rivative Securities Acquired, Disposed of, or Beneficially Own				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 (Instr. 3,	isposed o	of (D)	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 \$0.00 value	1 par	12/31/2011		A	669	A	\$ <u>(1)</u>	21,079	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 Exer	cisable	7. Tit	le and	8. Price of	9. Number	10.	11. Nature		
Derivative	Conversion	Date	Execution Date, if	Transaction	Numl	er	and Expiration	on Date	Amou	ınt 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				Acqu	ired			4)			Owned at	Direct (D)			
					(A) o	r						End of	or Indirect			
					Dispo	sed						Issuer's	(I)			
					of (D)	)						Fiscal Year	(Instr. 4)			
					(Instr	. 3,						(Instr. 4)				
					4, and	15)										
										Amount						
										or						
								Expiration		Number						
							Exercisable Date		Exercisable Date			of				
					(A)	(D)				Shares						

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address		10% Owner	Officer	Other			
Bluestein Scott C/O HERCULES TECHNOLOGY GROWTH CAPITAL 31 ST. JAMES AVENUE, SUITE 790 BOSTON, MA 02116			Chief Credit Officer				

### **Signatures**

/s/Scott Harvey, Attorney in fact for Scott Bluestein	02/14/2012

**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.