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

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 Per Shah Parag	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 Nother (specify below) (Check give title below) (Check all applicable) (Check all applicable) (Check all applicable)				
(Last) (First) C/O HERCULES TECHNOLO CAPITAL, 31 ST. JAMES AV	3. Date of Earliest Transaction (Month/Day/Year) 04/09/2013						Senior Managing	Director			
(Street) BOSTON, MA 02116		4. If Amendment, Date Original Filed(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)	Ta	ble I - Nor	-Der	ivative S	ecuritie	es Acqui	ired, Disposed of, or Beneficially Owned			
1.Title of Security (Instr. 3)	Date (Month/Day/Year)	Execution Date, if			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price		of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Common Stock \$0.001 par value	04/09/2013		F		771 <mark>(1)</mark>	D	\$ 11.71	304,737	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

(e.g., puts, calls, warrants, options, convertible securities)															
1. Title of			3A. Deemed	4.		5.		6. Date Exer	cisable	7. Tit	le and		9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on	Numb	ber	and Expiration	on Date	Amou	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	ities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqui	ired			4)			Following	Direct (D)	
						(A) 01	ſ						Reported	or Indirect	
						Dispo	sed						Transaction(s)	(I)	
						of (D))						(Instr. 4)	(Instr. 4)	
						(Instr.	3,								
						4, and	l 5)								
											Amount	1			
								D .	T • .•						
								Date	Expiration Date	Title	Number				
								Exercisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Shah Parag C/O HERCULES TECHNOLOGY GROWTH CAPITAL 31 ST. JAMES AVE., SUITE 790 BOSTON, MA 02116			Senior Managing Director					

Signatures

/s/K. Nicholas Martitsch, Attorney-in-Fact for Parag Shah	04/10/2013
**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 April 9, 2013.

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.